## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 19, 2000 8:00 am **DOCUMENT # M38602** 1. Entity Name **Secretary of State** R.M.S. INDUSTRIES, INC. 01-19-2000 90186 046 \*\*\*150.00 Principal Place of Business Mailing Address C/O RICHARD M. SKELLY C/O RICHARD M. SKELLY Richard M. Skelly Richard M. Skelly 2100 E Hallandale Beach Blud 2100 E Hallandale Beach Blvd Hallandale, FL 33009-3765 Hallandale, FL 33009-3765 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2729053 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SKELLY, RICHARD M. Street Address (P.O. Box Number is Not Acceptable) Richard M. Skelly 2100 E Hallandale Beach Blvd Hallandale, FL 33009-3765 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DΡ TITLE Change ☐ Addition TITLE Delete Skelly. Richard <u>M</u> NAME NAME STREET ADDRESS STREET ADDRES Richard M. Skelly 2100 E Hallandale Beach Blvd CITY-ST-ZIP CITY-ST-ZIP Hallandale, FL 33009-3765 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the received powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in Block 12 i changed, or on an attachme