2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 07, 2000 8:00 am Secretary of State DOCUMENT # M92460 1. Entity Name REMOTE - A - MATIC USA, INC. 07-20-2000 90015 043 ***150.00 09-07-2000 90064 015 ***400.00 Principal Place of Business Mailing Address 9210 19TH DR., NW 9210 19TH DR., NW BRADENTON FL 34209 BRADENTON FL 34209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0083573 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RANKIN, JOHN P JR. Street Address (P.O. Box Number is Not Acceptable) 9210 19TH DR., NW **BRADENTON FL 34209** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD Addition TITLE ☐ Delete TITLE Change VERNON, GENE NAME NAME STREET ADDRESS 5915 KYLIE LN STREET ADDRESS CITY-ST-ZIP FRANKLIN TN CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE RANKIN, JOHN P JR. NAME STREET ADDRESS 9210 19TH DR., NW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

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NAME

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Delete

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Addition

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1. Entity Nam	MENT # M92460 E - a - matic usa, inc.				A17 ACH WEN T	0	090700 A0075686		
Principal Plac	e of Business	Mailing Address			-{ r	Ţ	7		
9210 19TH DR., NW BRADENTON FL 34209		9210 19TH DR., NW BRADENTON FL 34209-8141							
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO N	OT WRITE IN THIS S	PACE			
City & State		City & State		4. FEI Number 65-00	83573	 	oplied For of Applicable		
Zip Country		Zip Country		у	5. Certificate of Status De	CO 75 Additional			
	6. Name and Address of Current	Registered Agent			7. Name and Address o				
9210	KIN, JOHN P JR. 19TH DR., NW DENTON FL 34209			Street Address	(P.O. Box Number is Not Acc	eptable)			
1			}-	City		FL	Zip Code	9	
SIGNATURE 9. This coupe Tax filing re	Signature typed or printed name of registered agent of attion is eligible to satisfy its Intangible equirement and elects to do so.	and late if applicable (NOTE)	Registered / I FEE IS O Fee W	Agent signature require \$ \$150.00 iii) be \$550.00	10. Election Camp	DATE aign Financing	\$5.0 Added	May Be to Fees	
11.	OFFICERS AND	_ <u></u>	12.		ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS	S IN 11	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Franklin TN T Rankin, John P Jr. 9210 19Th Dr., NW Bradenton Fl 34209	☐ Delete	TITLE NAME	ADORESS			☐ Change	Addition	
TITLE	DIADENTON PC 04209	Delete	TITLE	·			Change	Addition .	
STREET ADDRESS CITY-ST-ZIP			CITY-S	ADDRESS =		gars es es	_ ~	272 P 2	
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indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v	true and accurate and that my wered to execute this report as	/ Cidnatiil	ie chall have the	esame lacel effect as it made	under dam: mar i ar	n an omcor (or allector i	
SIGNAT	URE: BIGHADIRE AND TYPED OR P	PONTED NAME OF SIGNING OFFICER OF	R DIRECTO	2-1	Date	Day	ytime Phone II		