

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90148 018 \*\*\*158.75

054959 AV

DOCUMENT # **P00000002157**



1. Entity Name  
**R.R.M. BROKERAGE COMPANY**

Principal Place of Business  
**707 87 ST CT NW  
BRADENTON FL 34209**

Mailing Address  
**707 87 STREET CT. NW  
BRADENTON FL 34209**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**707 87 ST. CT. N.W.**

3. Mailing Address  
**P.O. BOX 14671**

Suite, Apt. #, etc.  
**BRADENTON, FL.**

Suite, Apt. #, etc.  
**BRADENTON, FL.**

City & State

City & State

4. FEI Number **65-0987559**

Applied For  
Not Applicable

Zip **34209** Country **U.S.A.**

Zip **34280** Country **U.S.A.**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MEISSNER, RAY  
707 87 ST CT NW  
BRADENTON FL 34209**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

~~FILE NOW!!! FEE IS \$150.00~~

After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MEISSNER, RAY 707 87 ST CT NW BRADENTON FL 34209</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RAY MEISSNER** SIGNATURE REQUIRED **RAY MEISSNER 2-6-03 941-320-0021**

CR2E034 (10/02)