

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005182

1. Entity Name

R.M.S. DEVELOPMENT AND CONSTRUCTION CORPORATION



FILED
Jun 18, 2001 8:00 am
Secretary of State

04-30-2001 90059 016 ***150.00

Principal Place of Business

Mailing Address

~~4200 25TH AVE SW~~
~~NAPLES FL 33993~~

~~4200 25TH AVE SW~~
~~NAPLES FL 33993~~

2. Principal Place of Business

1315 NORTH BISCAYNE PT. RD

3. Mailing Address

1315 N. BISCAYNE POINT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

59-3633347

Applied For

Not Applicable

Zip

33141

DADE

Zip

33141

DADE

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

SCHOENNAGEL, RALPH W

~~801 BRICKELL KEY DR SUITE 602~~
~~MIAMI FL 33137~~

1315 NORTH BISCAYNE POINT ROAD
MIAMI BEACH, FL 33141

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.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PRESIDENT
NAME: RALPH SCHOENNAGEL
STREET ADDRESS: 1315 N. BISCAYNE POINT ROAD
CITY-ST-ZIP: MIAMI BEACH, FL 33141

☐ Delete

TITLE: VICE PRESIDENT
NAME: MARK SCHOENNAGEL
STREET ADDRESS: 4200 25TH AVE S.W.
CITY-ST-ZIP: NAPLES, FL 33999

☐ Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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TITLE: _____
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TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Change ☐ Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Change ☐ Addition

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TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4.23.2001 3057120054

CR2E034 (10/00)