

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90440 003 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000021874

1. Entity Name

Rm FORESTRY SERVICES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7230 Sunshine Hill Rd.

Suite, Apt. #, etc.

3. Mailing Address

7230 Sunshine Hill Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Molino, FL

City & State
Molino, FL

4. FEI Number

59-3629502

Applied For

Not Applicable

Zip
32577

Country
USA

Zip
32577

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Randy Randall

Street Address (P.O. Box Number is Not Acceptable)

7230 Sunshine Hill Rd

City
Molino

FL

Zip Code
32577

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY-ST-ZIP
D	Randy Randall	7230 Sunshine Hill Rd.	Molino, FL 32577
D	Laura Moore	107 Gilmore Dr.	Gulf Breeze, FL 32561

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Laura L. Moore Laura L. Moore vice-president 7/30/02 850-336-4066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)