

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90154 039 ***150.00

DOCUMENT # **P00000071871** ✓

1. Entity Name

RMB DEVELOPMENT, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4641 EVELYN ST

Suite, Apt. #, etc.

3. Mailing Address

4641 EVELYN ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PAGE FL

City & State

PAGE FL

4. FEI Number

59-3672515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MARK D. DAVIS

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

694 BALDWIN AVE

SUITE 1

City

DE FUJIA SPRINGS

FL

Zip Code

32413

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 **PISIT/D**
NAME **ROBERT M. BUCHANAN III**
STREET ADDRESS **4641 EVELYN ST**
CITY - ST - ZIP **PAGE FL 32571**

TITLE **V/D**
NAME **ROBERT M. BUCHANAN JR**
STREET ADDRESS **P.O. Box 1243**
CITY - ST - ZIP **JACKSON MS 39215**

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert M. Buchanan III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT M. BUCHANAN III

Date

4/23/02

Daytime Phone #

854/995-4125

CR2E034B (12/01)