

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State
 01-27-2002 90049 049 ***150.00

DOCUMENT # P00000091281
1. Entity Name
 RLMJ GROUP, INC.

Principal Place of Business **Mailing Address**
~~1100 S TAMiami TR, STE 202~~ ~~4400 S TAMiami TR, STE 202~~
~~SARASOTA FL 34236~~ ~~SARASOTA FL 34236~~



2. Principal Place of Business **3. Mailing Address**
 • 2801 FRUITVILLE RD • 2801 FRUITVILLE RD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 • 135 • 135
 City & State City & State
 • SARASOTA FL • SARASOTA FL
 Zip Country Zip Country
 • 34237 • 34237

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1043337 **Applied For**
 Not Applicable
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**
 WENZEL, ROBERT L
~~1100 S TAMiami TR, STE 202~~
 SARASOTA FL 34236
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 • 2801 FRUITVILLE RD
 • # 135
 City SARASOTA FL Zip Code 34237

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) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENZEL, ROBERT L	NAME	
STREET ADDRESS	1100 S TAMiami TR, STE 202	STREET ADDRESS	• 2801 FRUITVILLE RD #135
CITY-ST-ZIP	SARASOTA FL 34236	CITY-ST-ZIP	• SARASOTA FL 34237
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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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.

SIGNATURE: Robert Wenzel **1-11-02** **941-953-7777**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)