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

FILED Jun 11, 2002 8:00 am Secretary of State

06-11-2002 90401 036 ***150.00

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RMS Enterprises, Inc. DO NOT WRITE IN THIS SPACE R0125165 2. Principal Place of Business 10432 NN 3. Mailing Address Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Parkland City & State Applied For 65-1132190 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name Scott Chapman DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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 Z (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Amended UBR is \$61.25 Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS President CRZE034B (12/01) TITLE TITLE Richard B. Jultak 10432 NW Gyth Street Parkland, FL 33076 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS ĐO≈NOT≈WRITE CITY ST ZIP CITY-ST-ZIP-TITLE TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE TITLE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF BROWING OFFICER OR DIRECTOR