

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91326 042 \*\*\*150.00

<b>DOCUMENT #</b> <u>P01000055947</u>				✓	
<b>1. Entity Name</b> <u>RMS Enterprises, Inc.</u>					
<b>DO NOT WRITE IN THIS SPACE</b>					
<b>2. Principal Place of Business</b> <u>4100 N Powerline Rd</u>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc. <u>ste F2</u>			Suite, Apt. #, etc.		
City & State <u>Pompano Beach, FL</u>			City & State		
Zip <u>33073-3039</u>		Country <u>U.S.</u>		Zip	
Country <u>U.S.</u>		Zip		Country	
<b>4. FEI Number</b> <u>65-1132190</u>				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>DO NOT WRITE IN THIS SPACE</b>	
<b>7. Name and Address of Current Registered Agent</b>					
Name <u>Scott Chapman</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>7400 W. Palmetto Park Rd.</u>					
<u>Suite 399</u>					
City <u>Boca Raton</u>				FL Zip Code <u>33433</u>	
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE <u>X</u> (NOTE: Registered Agent signature required when reinstating) DATE					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					
<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
	<u>President</u>	<u>Richard B. Jaltak</u>	<u>10432 NW 64th Street</u>		
		<u>Parkland, FL</u>	<u>33076</u>		
	<u>Secretary</u>	<u>Shawn Koch</u>	<u>863 Verona Lake Drive</u>		
		<u>Weston, FL</u>	<u>33326</u>		
<b>DO NOT WRITE IN THIS SPACE</b>					
<b>12. 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 10 or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>X</u> <u>4/23/03</u> <u>954-214-1961</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034B (12/02)