2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P01000066427 **DOCUMENT #** 1. Entity Name



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90240 022 ***158.75

RMR INVESTMENTS, INC.											
Principal Plac 1650 LYNSFIE LUTZ FL 3354	LD CT.	Mailing Address 1650 LYNSFIELD CT. LUTZ FL 33549									
					(
2. Principal P	lace of Business	3. Mailing Address						<u> </u>		H811 H901 H881	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE	IF MAKING	CHANGES		
City & State	e	City & State				4. FEI Nur	^{mber} 59-3736164			pplied For ot Applicable	
Zip	Country	Zip Count				5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and Address of Current			7. Name a	and Address of New F	legistered A	gent				
OLIOPT PARIL D					Name						
SHORT, PAUL R					Street Address (P.O. Box Number is Not Acceptable)						
TAMPA FL 33604											
					City			FL	Zip Cod	le	
	named entity submits this statement for ions of registered agent.	the purpo	ose of changing its re	gistered	office or registere	ed agent, or	both, in the State of Fk	orida. I am f	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if appli	icable. (NOTE: F	Registered Aç	gent signature required	when reinstating)		DATE			
	ILE NOW!!! FEE IS \$150.00			-							
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Fir Trust Fund Contribution			00 May Be d to Fees	
10.	OFFICERS AND I	DIRECTOR		11.		ADDITION	NS/CHANGES TO OFF	ICERS AND			
NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUES, RICHARD F 1650 LYNSFIELD CT. LUTZ FL 33549		☐ Delete	TITLE NAME STREET A					☐ Change	Addition	
TITLE	1 2012 1 2 00010		Delete	TITLE					Change	Addition	
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NAME Street address				NAME Street A	ADDRESS			•			
CITY-ST-ZIP				CITY-ST	1						
12. I hereby o	ertify that the information supplied with	this filing o	does not qualify for th	ne exemp	ition stated in Sec	ction 119.07((3)(i), Florida Statutes.	I further cert	ify that the i	nformation	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: