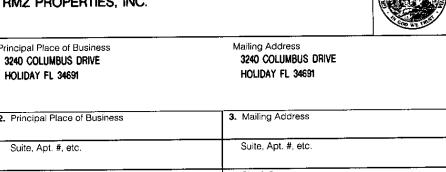
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P01000092300

1. Entity Name

RMZ PROPERTIES, INC.



## **FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90279 007 \*\*\*150.00

Principal Place of Business 3240 COLUMBUS DRIVE HOLIDAY FL 34691 2. Principal Place of Business		Mailing Address 3240 COLUMBUS DRIVE HOLIDAY FL 34691  3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number APPLIED FOR			plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired		.75 Add Required	
<del></del>	6. Name and Address of Current	Registered Agent		7. Name and Address of New Re	gistered Age	nt -	
3240 COL	I, ROSEMARY M LÜMBUS DRIVE		Street Addres	ss (P.O. Box Number is Not Acceptable)			
HOLIDAY	FL 34691		City	<u>v.</u>	FL	Zip Code	<del></del>
	·			stered agent, or both, in the State of Flor		iliar with	and accept
FI After	Signature, typed or printed name of registered agen  LE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00		DTE: Registered Agent signature req	uired when reinstating)  9. Election Campaign Fina  Trust Fund Contribution			<b>0</b> May Be to Fees
	Payable to Florida Department of OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFIC	CERS AND DI	RECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZABINSKI, ROSEMARY M 3240 COLUMBUS DRIVE HOLIDAY FL 34691	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			] Change	☐ Addition
TITLE NAME	HOLIDAT TE 34091		TITLE	· · · · · · · · · · · · · · · · · · ·		Change	Addition
STREET ADDRESS		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		L		
STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	The state of the s	□ Delete	NAME STREET ADDRESS	<del>valoria del constanto de la constanto de</del>		] Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				Addition
l.		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			] Change	

indicated on this report or supplemental report is true and accurate and trial my signature sharmave the same legal effect as it made under out, that i am an officer of 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR