FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100093768 1. Entity Name RETAIL MAINTENANCE NETWORK, INC.						Apr 29, 2002 8:00 am Secretary of State 04-29-2002 90018 037 ***150.00				
Principal Place of Business 6102 55TH AVE. CIRCLE E.						1 (18((18))); 18(18) (18) (18)	881)) 881)) 801(8 181 8	ir bilki 1 8410 I	BITAL BATT HEAL	
2. Principal F	Place of Business	3. Mailing Address								
707 60th St. Court E,UnitA P. O. Box				8						
Suite, Apt. Uni t		Suite, Apt. #, etc.				DO NOT W	RITE IN THIS SP.	ACE		
City & Star		City & State Bradenton, FL			4.	. FEI Number 65-1141	384	_ _	oplied For ot Applicable	
7in	1208 Country USA		Coun	try US	Ā 5.	Certificate of Status Desired		B.75 Ado	ditional	
	6. Name and Address of Current F				7.	Name and Address of Nev			u	
				Name	T Corn	oration System				
FAUST, CLAY B 6102 55TH AVE_ CHRCLE _E.						P.O. Box Number is Not Acceptable) South Pine Island Road				
	ON FL 34203				.200 50	dell'ilite rorana	nodu			
			•	City F	lantat	ion	FL	. Zip Code	e 324	
-	e named entity submits this statement for	the purpose of changing its PETER F. SOUZ ASSISTANT SECRETARY		ed office or	registered a	agent, or both, in the State of	Florida. 3/14/	102		
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registere	d Agent signatu	re required wher	n reinstating)	DATE			
Tax filing requirement and elects to do so After Ma			NOW!!! FEE IS \$150.00 y 1, 2002 Fee will be \$550.00 Payable to Department of Stat			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
11	OFFICERS AND D		12.			ADDITIONS/CHANGES TO O				
NAME STREET ADDRESS CITY-ST-ZIP	D FAUST, CLAY B 6102 55TH AVE. CIRCLE E. BRADENTON FL 34203	☐ Delete			707 60	Clay B. Oth St. Court E.	, Unit A	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete .			سيخت والاستجاب	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			-		Г	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Г	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete] Change	Addition	
13. I hereby of indicated of the corchanged	certify that the information supplied with t I on this report or supplemental report is t poration or the receiver or trustee empoy , or on an attachment with a paddrays, w	his filing does not qualify for true and accurate and that my verse to execute this report a life all other he empowered.	the exer y signat is requi	mption stat ture shall ha red by Cha	ed in Section ave the same pter 607, Flo	n 119.07(3)(i), Florida Statute e legal effect as if made unde orida Statutes; and that my na	s. I further certify er oath; that I am ime appears in E	that the in an officer llock 11 or	or director Block 12 if	

SIGNATURE: