02-03

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 14 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000115681

1. Entity Name

RMG RETAIL, INC
15738 PONCE DELEON BLVD
BROOKSVILLE, FL 34601

DO NOT WRITE IN THIS SPACE

700016322597
04/18/03--01041--003 **300.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15738 PONCE DELEON BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BROOKSVILLE, FL	City & State
Zip: 34601 Country	Zip Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: VAIKUNTA M GULIVINDALA

Street Address (P.O. Box Number is Not Acceptable): 15738 PONCE DELEON BLVD.

City: BROOKSVILLE FL Zip Code: 34601

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.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAIKUNTA M GULIVINDALA 15738 PONCE DELEON BLVD. BROOKSVILLE, FL 34601	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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.

SIGNATURE: V. M. Gulivindala
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-9-03. Daytime Phone #

JT 4/14