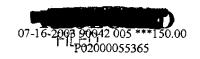
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000055365

1. Entity Name RNM SERVICES, INC.





03 SEP 17 PM 3:17

SECRETARY OF STATE TALLAHASSEE. FLORIDA

Principal Place of Business Mailing Address 1424 MEADOWBROOK AVE 1424 MEADOWB LAKELAND Ft 33803 EAKELAND Ft 3	BOOK AVE	
Principal Place of Business 3. Mailing Addre	98	4 LODSHOOT AND ORSHIP STATE OWN SAILS ON THE STATE STA
Suite, Apt. #, etc. Suite, Apt. #, e	etc.	CHECK HERE IF MAKING CHANGES
City & State City & State		4. FEI Number 3674208 Applied For Not Applicable
Zip Country Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	Level of the second and the second 	-7. Name and Address of New Registered Agent
BRYNJULFSON, MICHAEL D 1424 MEADOWBROOK AVE LAKELAND FL 33803	Nama Street	Address (P.O. Box Number is Not Acceptable)
,		
ϵ	City	FL Zip Code
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, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent sign	anure required when reinstating) DATE
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 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	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
MAME MICHAEL P. BRYNjulfson Del	ete TITLE	☐ Change ☐ Addition
NAME MICKAEL P. BAY GOVERN	NAME	
STREET ADDRESS 1424 MEADOW BYOOK AVE	STREET ADDRESS CITY-ST-ZIP	1.
		
TITLE Delt	ete TITLE NAME	Change Addition
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	j
TITLE	NE TITLE	Change Addition
NAME	NAME	
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE Dele		☐ Change ☐ Addition
NAME STREET ADDRESS .	NAME STREET ADDRESS	
CITY-SI-ZIP	CITY-ST-ZIP	,
TITLE Dete		☐ Change ☐ Addition
NAME	NAME	, Citaline Disposition
STREET ADDRESS	STREET ADDRESS	(
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE		
	tie TITLE	Change Addition
NAME	NAME	Change Addition
		Change Addition

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

SIGNATURE:

BUNATURE AND TYPED A PRINTED TIAME OF SIGNING OFFICER OF DIRECTOR

7/10/2003

843.686.4743

Daytime Phone #