

Amended
03

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000095314

1. Entity Name

Rymy Inc.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 24 PM 12:52

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10500 Ulmerton Rd.

3. Mailing Address

10500 Ulmerton Rd

Suite, Apt. #, etc.

726-105

Suite, Apt. #, etc.

726-105

City & State

LARGO FL

City & State

LARGO, FL

4. FEI Number

61-142 4035

Applied For

Not Applicable

Zip

33771

Country

USA

Zip

33771

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL JOND

Street Address (P.O. Box Number is Not Acceptable)

10500 ULMERTON RD

726-105

City

LARGO

FL

Zip Code
33771

**DO NOT WRITE
IN THIS SPACE**

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 relating)

DATE

600023312826

09/24/03--01079--002 **\$1.25

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended UBR is \$81.25

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
P
MICHAEL JOND
10500 ULMERTON RD SUITE 726-105
LARGO, FL 33771

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Y
RIVERA, ROBYN A
10500 ULMERTON RD SUITE 726-105
LARGO, FL 33771

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
RIVERA, MARY G
10500 ULMERTON RD SUITE 726-105
LARGO, FL 33771

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 SEP 2003

Date

727.571.2273

Daytime Phone #

CR2E034B (12/02)