


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

5/

05-01-2003 90412 009 \*\*\*150.00

<b>DOCUMENT #</b> P02000111851	
<b>1. Entity Name</b> RCMI INCORPORATED	

<b>Principal Place of Business</b> 6731 MATCHETT RD ORLANDO FL 32809	<b>Mailing Address</b> 6731 MATCHETT RD ORLANDO FL 32809
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> P.O. Box 590261
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> ORLANDO, FL	<b>City &amp; State</b> ORLANDO, FL
<b>Zip</b> 32809	<b>Country</b> ORANGE

<b>4. FEI Number</b> 11-3666711	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>



☒ CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b> BRAZELL, PAMELA 6731 MATCHETT RD ORLANDO FL 32809	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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 Pamela S. Brazell sec. DATE 4-10-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>P.A. BRAZELL JR</u> <input type="checkbox"/> Delete <u>6731 MATCHETT RD</u> (PRESIDENT) <u>ORLANDO, FL 32809</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PAMELA S. BRAZELL</u> <input type="checkbox"/> Delete <u>6731 MATCHETT RD</u> <u>ORLANDO, FL 32809</u> (SECRETARY)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 Block 11 if changed, or on an attachment with an affidavit with an officer empowered.**

SIGNATURE: P.A. BRAZELL JR DATE 4-10-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)