FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Aug 21, 2001 8:00 am Secretary of State P93000007811 DOCUMENT # 1. Entity Name RMW INVESTMENTS, INC. 08-21-2001 90001 039 ***150.00 Principal Place of Business Mailing Address 1331 OAKHILL ST 1331 OAKHILL ST **LAKELAND FL 33801** LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For -59-3182370 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BURNS, ROBERT** Street Address (P.O. Box Number is Not Acceptable) 2542 NW 79 ST MIAMI:FL 33147 حـــــ Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign: Financing \$5:00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition **BURNS, ROBERT** NAME 2542 NW 79 ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33147** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BURNS, WILLIAM M NAME NAME 2542 NW 79 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33147 CITY-ST-ZIP STD TITLE Delete TITLE ☐ Change ☐ Addition BURNS, MARY G NAME NAME STREET ADDRESS 2542 NW 79 ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33147** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

changed, or on an attachment with an address,

BURNS

863-684-1360

Attachment 9777// Doc# 123000007811

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	Tom Burn President
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