

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2000 08:00 AM
Secretary of State

DOCUMENT # P93000025888

1. Entity Name
 R & M INTERNATIONAL MANAGEMENT, INC.

Principal Place of Business
 9230 WEST HWY. 192
 SUITE 101
 CLERMONT FL 34711 US

Mailing Address
 7711 INDIAN RIDGE TRAIL S
 KISSIMMEE FL 34747 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 640 BRIGHTON DRIVE
 Suite, Apt. #, etc.

City & State
 DAVENPORT FL

Zip Country
 33837 US

4. FEI Number
59-3201511

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAGRUDER MICHAEL
 220 E. MONUMENT AVE
 KISSIMMEE FL 34741 US

7. Name and Address of New Registered Agent

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

SIGNATURE _____ DATE **04/10/2000**
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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BUTLER MARILYN 7711 INDIAN RIDGE TRAIL SOUTH KISSIMMEE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BUTLER RICHARD 7711 INDIAN RIDGE TRAIL, SOUTH KISSIMMEE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BUTLER MARILYN 640 BRIGHTON DRIVE DAVENPORT FL 33837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BUTLER RICHARD 640 BRIGHTON DRIVE DAVENPORT FL 33837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Richard J. Butler PT 04/10/2000