

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000037269

1. Entity Name

RHINO MARKETING, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90220 039 ***150.00

Principal Place of Business

78 LARIAT CIRCLE
BOCA RATON FL 33487
US

Mailing Address

78 LARIAT CIRCLE
BOCA RATON FL 33487
US

00010963



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1500 BEVILLE RD.

3. Mailing Address

1500 BEVILLE RD.

Suite, Apt. #, etc.

606-324

Suite, Apt. #, etc.

606-324

City & State

DAYTONA BEACH, FL.

City & State

DAYTONA BEACH, FL.

Zip

33487

Country

U.S.

Zip

33487

Country

U.S.

4. FEI Number

65-0412857

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLODIG, GREGORY J
1630 N. FEDERAL HWY.
FT. LAUDERDALE FL 33305

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS DENNY, JO-ANNE
CITY-ST-ZIP 2424 BUTLER BAY DR. N.
WINDERMERE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS DENNY, JIM
CITY-ST-ZIP 2424 BUTLER BAY DR. N.
WINDERMERE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIM DENNY 1/17/01 904-405-5246

Date

Daytime Phone #

CR2E034 (10/00)