

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

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90016 049 ***150.00

DOCUMENT # **P93000037209**

1. Entity Name

RHINO MARKETING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1500 BEVILLE RD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

606-324

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL.

City & State

4. FEI Number

65-0412857

Applied For

Not Applicable

Zip

32114

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GREG BLODIG

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

1630 N. FEDERAL HWY

City

FT. LAUDERDALE

FL

Zip Code

33307

**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 reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**PRESIDENT
JAMES DENNY
1500 BEVILLE RD, 606-324
DAYTONA BEACH, FL. 32114**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V-PRES
JOANNE DENNY
1500 BEVILLE RD, 606-324
DAYTONA BEACH, FL. 32114**

TITLE
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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 or without being empowered.

SIGNATURE:

JAMES DENNY

5/24/06 561-302-5144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)


ATTACHMENT

5/24/06

~~50019802~~
~~#pg3000037269~~

TO WHOM IT MAY CONCERN:

I DID NOT RECEIVE THIS FORM IN
TIME TO MAKE THE PAYMENT BY MAY 1ST

 PRES.