2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000049255 **DOCUMENT #**

1. Entity Name

R/C MACHINERY SALES, INC.



FILED Apr 04, 2003 8:00 am Secretary of State
04-04-2003 90107 035 ***150.00

| EDIV, CHARLES D 16479 RAINBOW MEADOWS CT FT MYERS BEACH FL 33908 6. The above named contriv 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 act in the obligations of registered agent. 6. The above named contriv 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 act in the obligations of registered agent. 6. The above named contriv 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 act in the obligations of registered agent. 6. The above named contriv 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 act in the obligations of registered agent and ton it applicable. 6. The above named contriv 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 act in a famili | | | | | | | | | | | | | | |
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| Surfa Apt. #, etc. Sullo, Apt. #, etc. A, FEI Number 65-0428935 Applied F. | 16479 RAINBOW MEADOWS CT FT MYERS BEACH FL 33908 | | | 16479 RAINBOW MEADOWS CT FT MYERS BEACH FL 33908 | | | | | | | | | | |
| City & State Country Country Country Country S. Certificate of Satus Desired S. Applied To Note Applied See Requised File Discover named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and active children or dispetted equal to the children or dispetted agent, or both, in the State of Forida. I am familiar with, and active children or dispetted equal to the children or dispetted agent, or both, in the State of Forida. I am familiar with, and active children or dispetted equal to the children or dispetted agent, or both, in the State of Forida. I am familiar with, and active children or dispetted equal to the children of equal to expect equal to the children or dispetted equal to the ch | 2. Principal Place of Business | | | | 3. Mailing Address | | | | | | I du fti uz ili | 01010 10110 11001 I | 17104 0 171 1001 | |
| Zip Country Zip Country S. Certificate of Satus Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required See Requi | Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REIDY, CHARLES D 16479 RAINBOW MEADOWS CT FT MYERS BEACH FL 33908 City FL City FL City City FL City City FL City City City City City City FL City City City City City City City Cit | City & State | | | | City & State | | | | 4. F | El Number 65-0428935 | | | oplied For ot Applicable | |
| REIDY, CHARLES D 16479 RAINBOW MEADOWS CT FT MYERS BEACH FL 33908 City City FL Cit | Zip | Country | | | Zip Cou | | | : | 5. C | Certificate of Status Desired | | | | |
| Street Address (F.O. Box Number is Not Acceptable) Street Address (F.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 diffice or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS THE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MAKE SIRET ADDRESS THE ADDRESS | 6. Name and Address of Current | | | | ed Agent | | | | | 7. Name and Address of New Registered Agent | | | | |
| Scheme Apprent Server Apprent Serv | DEIDY OL | 14D) EO O | , ,,, | | | | Name | | | , | | | Ì | |
| City | | | | | | Street Ac | 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 agent, or both, in the State of Florida. I am familiar with, and ac the colligations of registered agent. City 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 Floride. I arm familiar with, and active dollipations of registered agent. Signature | FI MIERO DEACH PE 33300 | | | | | | | | | | | | | |
| SIGNATURE Signature, Types or primer game of registered agent and tide it secrificable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME REIDY, CHARLES D REIDY, CHARLES D REIDY, CHARLES D REIDY, PATRICIA A SIRRET ADDRESS CITY-ST-2IP TITLE NAME SIRRET ADDRESS CITY-ST-2IP TITLE SIRRET ADDRESS CITY-ST-2IP SIRRET AD | | | | | | | , | FL Zip Code | | | | | | |
| SIGNATURE Signature. Typed or privace game of registered agent and title ill applicable. (NOTE Registered Agent signature required when reintatising) DATE | the obligat | tions of registe | | the purp | oose of changing its | registere | ed office or | registered | age | ent, or both, in the State of Flo | rida. I an | n familiar with, | and accept | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. | SIGNATURE | | : | | | | | | | | | | | |
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| 12. Livereby 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 | | cortify that the | information supplied with | this filing | dose not qualify for | | | ad in Sacti | ion 1 | 119 07(3Vi) Florida Statutos | I further o | ertify that the i | nformation | |

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 address, with all other like empowered.