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## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # P94000085445 Mar 20, 2000 8:00 am Secretary of State 1. Entity Name RMHDSP, INC. 03-20-2000 90098 009 \*\*\*150.00 Principal Place of Business Mailing Address 10829 NASHVILLE DRIVE 10829 NASHVILLE DRIVE COOPER CITY FL 33026-4904 COOPER CITY FL 33026 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. DO NOT WE Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-053580 Country Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New 6. Name and Address of Current Registered Agent Name HITTNER, ROBERT M. Street Address (P.O. Box Number is Not Acceptab 10829 NASHVILLE DRIVE COOPER CITY FL 33026 City 8. The above named entity submits this statement for the purplose of changing its registered office or registered agent, or both, in the State of F Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign F Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME HITTNER, ROBERT M STREET ADDRESS STREET ADDRESS 10829 NASHVILLE DRIVE CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F De'ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 people that the 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 receive of trusteelemportered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ith all other like empowered

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR