DOCUMENT # P95000010426

1. Entity Name

R.M.C., INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90079 004 ***158.75

Principal Place of Business	Mailing Address
6920 GIRALDA CIRCLE BOCA RATON FL 33433	6920 GIRALDA CIRCLE BOCA RATON FL 33433

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4. FEI Number** 65-0555875
		Applied For ☐ / Not Applicable ☐
Zip	Country	Zip	Country	**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
TICKTIN, PETER ESQ 2000 GLADES ROAD SUITE 110 BOCA RATON FL 33431	Name *TICKTIN, PETER, ESQ* Street Address (P.O. Box Number is Not Acceptable) *5295 TOWN CENTER ROAD* City *BOCA RATON* FL Zip Code *33486*

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]*   *1/5/01*

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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WILSON, CHARLES		NAME		
STREET ADDRESS	6920 GIRALDA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SMITH, RICHARD W		NAME		
STREET ADDRESS	272 MARBLE CANYON DR		STREET ADDRESS		
CITY-ST-ZIP	WILLINGTON FL 33414		CITY-ST-ZIP		
TITLE	T	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	YEAKLE, ROBERT B		NAME		
STREET ADDRESS	1051 FAIRVIEW LANE		STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLAND FL 33404		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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] CHArles S. Wilson*   *0/05/01*   *561.289.9371*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #