

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049554

1. Entity Name

RMC SPECIALTIES, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90083 010 ***150.00

00025391



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
13014 N DALE MABRY FL 33549	13014 N DALE MABRY HIGHWAY STE 109 TAMPA FL 33618-2808

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3322195	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CHRISTIAN, RENEE M 13014 NO. DALE MABRY HIGHWAY STE 109 TAMPA FL 33618

7. Name and Address of New Registered Agent	
Name	Renée Christian / RMC Specialties
Street Address (P.O. Box Number is Not Acceptable)	
1703 N. DALE MABRY	
City	Lutz FL Zip Code 33549

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	Renée Christian	Renée Christian	1/25/00
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)	<input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P	CHRISTIAN, RENEE 13014TH DALE MABRY SUITE 109 TAMPA FL 33618	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		TITLE	NAME
		STREET ADDRESS	1703 N Dale Mabry
		CITY-ST-ZIP	Lutz FL 33549
ADDRESS		TITLE	
ST-ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
ADDRESS		TITLE	
ST-ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
ADDRESS		TITLE	
ST-ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
ADDRESS		TITLE	
ST-ZIP		NAME	
		STREET ADDRESS	
		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 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	Renée Christian	1/25/00	813 949 2693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (9/99)