

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90005 041 \*\*\*150.00

**DOCUMENT # P95000049554**

1. Entity Name  
**RMC SPECIALTIES, INC.**

Principal Place of Business

**1703 N DALE MABRY  
 LUTZ FL 33549 33548**

Mailing Address

**C/O W.J. TREMBLAY P.A.  
 1801 S FEDERAL HWY STE 219  
 DELRAY BEACH FL 33483**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3322195**

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

**TREMBLAY, W.J.  
 1801 S FEDERAL HWY  
 STE #219  
 DELRAY BEACH FL 33483**

Name

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 office or registered agent, or both, in the State of Florida.

SIGNATURE

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD CHRISTIAN, RENEE 1703 N DALE MABRY LUTZ FL 33549 33548</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

**RENEE CHRISTIAN, RENEE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/18/02 (561) 240-6005**  
 Date Daytime Phone #

CR2E034 (9/01)

Attachment # P95000049554  
TO: Divisions of Corporations

FROM: Under the Sun

327160

Re: Address change Zip Code Change

PLEASE MAKE CORRECTION TO YOUR RECORDS EFFECTIVE  
IMMEDIATELY;

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New Address: UNDER THE SUN  
1703 N. Dale Mabry Hwy.  
Lutz, Fl 33549

(813) 949-2693 - Telephone

(813) 948-0533 - FAX

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Thank you for your attention to this matter.

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*Renee Caldwell*

Renee Caldwell for Renee Christian  
Bookkeeper

Cc/RC