

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90219 047 ***150.00

DOCUMENT # P95000096910

1. Entity Name
RETAIL & HOME DELIVERY INSTALLATION MANAGEMENT C
OMPANY, INC.

Principal Place of Business **Mailing Address**
~~3209 SAWGRASS VILLAGE CIR~~ ~~3209 SAWGRASS VILLAGE CIR~~
~~PONTE VEDRA BEACH FL 32082~~ ~~PONTE VEDRA BEACH FL 32082~~



2. Principal Place of Business **3. Mailing Address**
POB 2906 **POB 2906**

Suite, Apt. #, etc. Suite, Apt. #, etc.

296 ODOM MILL BLVD
CITY & STATE **CITY & STATE**
POINTE VEDRA BEACH FL **POINTE VEDRA BEACH FL**

Zip **Country** **Zip** **Country**
32004 **St. Johns** **32004** **St. Johns**

4. FEI Number **59-3352581** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOND, C. GUY
3010 S. 3RD ST
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name **Mike Freed**
Street Address (P.O. Box Number is Not Acceptable)
1800 1st Union National Bk
225 Water Street
City **JACKSONVILLE** **FL** **Zip Code** **32201**

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 **John Powell CFO** **John Powell** **4-29-2002**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ **Delete**
NAME **POWELL, JOHN**
STREET ADDRESS **296 ODOMS MILL BLVD**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☒ **Addition**
NAME **Phes DAVID Budney**
STREET ADDRESS **496 Big Tree**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **John Powell CFO** **John Powell** **4-29-02** **280-7659**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)