2001_UNIFORM BUSINESS REPORT (UBR)

Jul 10, 2001 8:00 am Secretary of State DOCUMENT # P96000030237 05-22-2001 90695 001 ***300.00 RHINOTECH INC. Principal Place of Business Mailing Address 7061 S. TAMIAMI TRAIL 7061 S. TAMIAMI TRAIL SUITE 110 SUFFE 110 SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0699127 Applied For Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARDI, LES Street Address (P.O. Box Number is Not Acceptable) 7081 S. TAMIAMI TRAIL SUITE 110 SARASOTA FL 34231 Zio 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. (NOTE: Recistered Agent signature required when reinstation) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS'AND DIRECTORS IN 11 12. TITLE ☐ Delete ☐ Addition CR2E034 (10/00 TITLE ☐ Change MARKUS, GREGORY NAME NAME 5147 OXFORD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-7IP TITLE ☐ Change ☐ Delete Addition TITLE MAARE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+S1-ZIP TIDE ☐ Delete me Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(TV-ST-7)P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 by supplimental sepons 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 feediver or busine 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 FFICER OR DIRECTOR