

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90074 047 \*\*\*150.00

DOCUMENT # **P97000086576**  
 1. Entity Name  
**RMST HOLDING COMPANY, INC.**

Principal Place of Business Mailing Address  
**701 SOUTHEAST SIXTH AVE. SUITE 203 DELRAY BEACH, FL 33483**  
**10187 EL CABALLO COURT DELRAY BEACH, FL 33446**

A0036197

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

3. Mailing Address Suite, Apt. #, etc.  
 City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEL Number **65-1057969** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**STARK GARY L.**  
**701 SOUTHEAST SIXTH AVENUE SUITE 203 DELRAY BEACH, FL 33483**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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	
TITLE <input type="checkbox"/> Delete	DP
NAME	STARK GARY L.
STREET ADDRESS	701 SOUTHEAST SIXTH AVE. SUITE 203
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP
NAME	ADLER ELLEN R.P.
STREET ADDRESS	10187 EL CABALLO COURT
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCH 9, 2001 561-243-3815**  
 Date Daytime Phone #

CR2E034 (1/100)