

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90121 045 ***150.00

DOCUMENT # P98000034447

1. Entity Name
REAL TIME RESOURCE MANAGEMENT, INC.



Principal Place of Business
901 NW 5TH AVE
FORT LAUDERDALE FL 33311
US

Mailing Address
901 NW 5TH AVE
FORT LAUDERDALE FL 33311
US

2. Principal Place of Business
1790 N. ANDREWS AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FORT LAUDERDALE, FL

City & State

4. FEI Number **65-0827117**

Applied For
Not Applicable

Zip
33304

Country
USA

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

FIELD, JACK
1220 SW 1ST AVE
POMPANO BEACH FL 33060

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **FIELD, JACK**
STREET ADDRESS **1215 N FLAGLER DR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **P** ☒ **Change** ☐ **Addition**
NAME **JACK M. FIELD**
STREET ADDRESS **901 NW 5TH AVE.**
CITY-ST-ZIP **FORT LAUDERDALE, FL, 33311**

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

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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12. 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 10 or Block 11 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

3/18/03 954-523-1257 X13

Date

Daytime Phone #

CR2E034 (10/02)