FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
04-18-2002 90467 014 ***150.00

DOCUMENT # P98000056100

1. Entity Name
RMC Enterprises, Inc

DO NOT WRITE IN THIS SPACE

B0068637

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
821 Fifth Ave South
Suite, Apt. #, etc.

3. Mailing Address
211 Flamingo Ave
Suite, Apt. #, etc.

City & State: Naples, FL
Zip: 34102 Country: USA

City & State: Naples, FL
Zip: 34108 Country: USA

4. FEI Number: 59-3523308 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Antonio Faga, Esquire

Street Address (P.O. Box Number is Not Acceptable)
375 12th Ave South

City: Naples, FL Zip Code: 34102

6. 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Robert J. Raymond 211 Flamingo Ave Naples, FL 34108	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary - Treasurer Mary H. Raymond 211 Flamingo Ave Naples, FL 34108	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mary H. Raymond 4/5/02 941 596-5305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mary H. Raymond
Sec/Treas