## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # P98000083253 1. Entity Name RMR TECHNOLOGIES, INC. 05-01-2001 90068 042 \*\*\*150.00 Mailing Address Principal Place of Business 294 E DAVIS BLVD 234 E-DAVIS-BLVD-**TAMPA FL 33606** TAMPA FL 33606 PUDIET 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3554722 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARNETT SCOTT F Street Add 234 E DAXIS BLVD Zip Code City rpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above nam SIGNATURE registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE HELLER, RICHARD NAME MARKE STREET ADDRESS 509 TERRACE HILL DRIVE STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL 33617 CITY-ST-7/P ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -- - Change -- - Addition TITLE ---Delete -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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. ICHARD HELLER PRESIDENT 3/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #