

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90375 028 ***150.00

DOCUMENT # P980000847211. Entity Name
REALMOTION USA, INC.Principal Place of Business
**4641 WESTFIELD ROAD
JACKSONVILLE FL 32210**Mailing Address
**4641 WESTFIELD ROAD
JACKSONVILLE FL 32210**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3535594**Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MANN, ROBERT W
4641 WESTFIELD ROAD
JACKSONVILLE FL 32210**

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 _____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 \$550.00
After September 13, 2002 Fee will be \$750.00
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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **P** ☐ Delete
NAME **MANN, ROBERT W**
STREET ADDRESS **4641 WESTFIELD ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32210**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ 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: *Robert W. Mann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/2002

Date

904-388-9072

Daytime Phone #

CR2E034 (4/02)

Attachment # P980000084721 6012723

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

07/05/2002

To Whom It May Concern:

Per my telephone conversations with your staff, please be advised that I did not receive My first UBR notification. Accordingly, I have included full payment in the amount of \$150.00 for 2002. Thank you for your prompt handling of this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Robert W. Mann".

Robert W. Mann, President
Realmotion USA, Inc.