

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006655

1. Entity Name

RHINOSON, INC.

Principal Place of Business

767 STATE ROAD 7, SUITE 7
MARGATE FL 33067

Mailing Address

767 STATE ROAD 7, SUITE 7
MARGATE FL 33068-2822

2. Principal Place of Business

767 SOUTH STATE RD 7

Suite, Apt. #, etc.

SUITE-7

City & State

MARGATE, FL

Zip

33068

Country

USA

3. Mailing Address

767 SOUTH STATE ROAD 7

Suite, Apt. #, etc.

SUITE-7

City & State

MARGATE, FL

Zip

33068

Country

USA

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90014 001 ***150.00

05-12-2000 90014 002 *****8.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0890503

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FITZPATRICK, BRAD
767 STATE ROAD 7, SUITE 7
MARGATE FL 33067

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

767 SOUTH STATE ROAD 7, STE-7

City

MARGATE, FL

FL

Zip Code

33068

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

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 \$150.00
After MAY 1, 2000 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 ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
FITZPATRICK, BRAD
767 STATE ROAD 7, SUITE 7
MARGATE FL 33067

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Brad Fitzpatrick

BRAD FITZPATRICK

4/27/00

(954) 979-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #