

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90096 021 ***150.00

0548019 AV

DOCUMENT # P99000008499

1. Entity Name

RESIDENTIAL MARKETING SERVICES, INC.

Principal Place of Business

Mailing Address

**3331 CRESCENT OAKS BLVD
 TARPON SPRINGS FL 34689**

**3331 CRESCENT OAKS BLVD
 TARPON SPRINGS FL 34689**

80047981



2. Principal Place of Business

3. Mailing Address

3135 SR 580

3135 SR 580

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 5

Suite 5

City & State

City & State

Safety Harbor, FL

Safety Harbor, FL

Zip

Country

Zip

Country

34695

USA

34695

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3558429

Applied For

Not Applicable

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

SMITH, RONALD G

**3331 CRESCENT OAKS BLVD.
 TARPON SPRINGS FL 34689**

Name

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

312 Tall Oak Trail

City

Tarpon Springs, FL

Zip Code

34689

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

3-11-02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **SMITH, RONALD G**
 STREET ADDRESS **3331 CRESCENT OAKS BLVD.**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☒ Change ☐ Addition
 NAME **312 Tall Oak Trail**
 STREET ADDRESS **Tarpon Springs, FL**
 CITY-ST-ZIP **34689**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-02 727-796-9822

Date

Daytime Phone #

CR02E034 (9/01)