

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
 05-24-2000 90093 045 ***150.00

DOCUMENT # P9900011738
 1. Entity Name

Residential Management, Inc

Principal Place of Business Mailing Address
1061 MAitland Center Commons
Ste 204
MAitland, FL 32751

2. Principal Place of Business 3. Mailing Address
1061 MAitland Center Commons P.O. Box 915095
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste 204

City & State City & State
MAitland, FL Longwood, FL
 Zip Country Zip Country
32751 USA 32791 USA

4. FEI Number Applied For
59-3554979 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Victor S. Kostro
1825 S. RIVERVIEW DR
Melbourne, FL 32901

7. Name and Address of New Registered Agent
 Name CHARLES E. WILEY
 Street Address (P.O. Box Number is Not Acceptable)
1061 MAitland Center Commons
Ste 204
 City MAitland FL Zip Code 32751

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 Charles E. Wiley CHARLES E. WILEY 4/27/00
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. ☒ **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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|----------------------------|---------------------------------|---|--|---|
| TITLE | <u>D, P, S, T</u> | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <u>Wiley, CHARLES E</u> | | NAME | | |
| STREET ADDRESS | <u>332 FOREST PARK CIR</u> | | STREET ADDRESS | | |
| CITY-ST-ZIP | <u>LONGWOOD, FL 32779</u> | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: Charles E. Wiley Pres. 4/27/00 407-660-8383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)