

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014740

1. Entity Name

RGM SOLUTIONS, INC.

Principal Place of Business

1901 NO. ANDREWS AVE., #111
FT. LAUDERDALE FL 33311

Mailing Address

1901 NO. ANDREWS AVE., #111
FT. LAUDERDALE FL 33311

2. Principal Place of Business

501 NE 18th CT
Suite, Apt. #, etc.
310

3. Mailing Address

501 NE 18th CT
Suite, Apt. #, etc.
310

City & State

FORT LAUDERDALE FL

City & State

FORT LAUDERDALE FL

Zip

33305

Country

USA

Zip

33305

Country

USA

6. Name and Address of Current Registered Agent

MACKENBERG, RODNEY G
1901 NO. ANDREWS AVE., #111
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name RODNEY MACKENBERG
Street Address (P.O. Box Number is Not Acceptable)
501 NE 18th CT
STE 310
City FORT LAUDERDALE FL Zip Code 33305

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

Rodney Mackenberg
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/2001

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	MACKENBERG, RODNEY G	
STREET ADDRESS	1901 NO. ANDREWS AVE., #111	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODNEY MACKENBERG	
STREET ADDRESS	501 NE 18th CT, STE 310	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rodney Mackenberg RODNEY MACKENBERG 4/11/01 954.523.3266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90089 014 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)