

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90083 038 \*\*\*150.00

DOCUMENT # *PA9000018374*

1. Entity Name  
*R.T.M. of Central Florida Inc*  
*9200 NW 36th Place #A*  
*Gainesville FL 32606*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*9200 NW 36th Place*

3. Mailing Address  
*same*

Suite, Apt. #, etc.

*Suite A*

Suite, Apt. #, etc.

City & State

*Gainesville Florida*

City & State

4. FEI Number

*59-3558621*

Applied For

Not Applicable

Zip

*32606*

Country

*USA*

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**24002868**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

*Timothy Deegan CPA*

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

*9200 NW 36th Place*

Suite, Apt. #, etc.

*Suite A*

City

*Gainesville*

**FL**

Zip Code  
*32606*

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

*Timothy Deegan*  
Signature, typed or printed name of registered agent and title if applicable.

*Deegan CPA*  
(NOTE: Registered Agent signature required when reinstating)

*1/14/04*  
DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres, S, Treas</i> <i>Arthur Deegan</i> <i>891 Island Way</i> <i>Cleopatra FL 33767</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP/D</i> <i>Tim Deegan</i> <i>9200 NW 36th Place Suite A</i> <i>Gainesville FL 32606</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <i>Kathleen Deegan</i> <i>9200 NW 36th Place #A</i> <i>Gainesville FL 32606</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <i>Mavreen Romero</i> <i>9200 NW 36th Place #A</i> <i>Gainesville FL 32606</i>
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Tim Deegan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/14/04*  
Date

*3523370020*  
Daytime Phone #

CR2E034B (12/02)