

# 2003, FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90162 004 \*\*\*150.00

**DOCUMENT # P99000096213**

1. Entity Name  
**RME ENVIRONMENTAL, INC.**



Principal Place of Business

**634 N.E. BLVD.  
GAINESVILLE FL 32601**

Mailing Address

**634 N.E. BLVD.  
GAINESVILLE FL 32601**

2. Principal Place of Business

**3221 NW 13th St**

3. Mailing Address

**3221 NW 13th St**

Suite, Apt. #, etc.

**C-1**

Suite, Apt. #, etc.

**C-1**

City & State

**Gainesville, FL**

City & State

**Gainesville, FL**

Zip

**32609**

Country

**USA**

Zip

**32609**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3605671**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HONEYCUTT, ROBERT E  
634 N.E. BLVD.  
GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

**R. Honeycutt V-P**

(NOTE: Registered Agent signature required when reinstating)

**1/22/03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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  
**PS  
HONEYCUTT, MARY  
634 NE BLVD  
GAINESVILLE FL 32601** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT  
HONEYCUTT, ROBERT  
634 NE BLVD  
GAINESVILLE FL 32601** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPE  
DOUNSON, GARY GEORGE  
634 NE BLVD  
GAINESVILLE FL 32601** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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

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 Block 11 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

**2/6/03**

Date

**352 371 8025**

Daytime Phone #

CR2E034 (10/02)