

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000102119

1. Entity Name
RIMS R US, INC.

Principal Place of Business
15418 ALMA AVE., N #B
CLEARWATER FL 33760

Mailing Address
15418 ALMA AVE., N #B
CLEARWATER FL 33760

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMILTON, JAMES
15418 ALMA AVE., N #B
CLEARWATER FL 33760

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.

SIGNATURE

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.
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAMILTON, JAMES
15418 ALMA AVE., N #B
CLEARWATER FL 33760

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700003337947-3
-07/27/00--01007--025
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOLTE, BRIAN
15418 ALMA AVE., N #B
CLEARWATER FL 33760

TITLE
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CITY-ST-ZIP

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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:

James Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-7-2000 727535-9294

CR2E034 (5/00)

FILED
00 JUL 12 AM 8:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number
593609320
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional
Fee Required

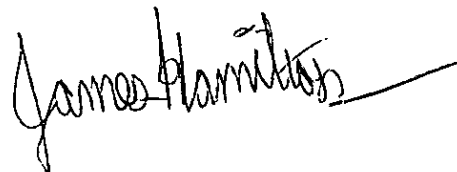
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RIMS R US INC.

To Whom This May Concern:

The reason for us not recieving the first notice was because they sent the first notice to our old address which we have not been there for 7 or 8 months. The only way we recieved the second notice was because the new tenants that moved in our old location happen to know who we were and forwarded the notice to us. We are a new bussinees and this will not happen again and please take this into concideration. And we have enclosed our new addresss you may update your acct. Please mail all mail to new address.

Sincerely Yours,

A handwritten signature in black ink, appearing to read "James Hamilton", with a long horizontal flourish extending to the right.

James Hamilton
President