2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am Secretary of State DOCUMENT # P99000103838 1. Entity Name 04-18-2002 90356 022 ***150.00 RLM, INC. Principal Place of Business Mailing Address 920 32ND AVENUE 920 32ND AVENUE VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0968744 Not Applicable Zip Country _ Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MURDOCK, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 920 32ND AVENUE VERO BEACH FL 32960 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE **⊞**-€hange Addition MURDOCK, RICHARD L. NAME MURDOCK, RICHARD L NAME 1908 WILS HORSE CONTRAL STREET ADDRESS STREET ADDRESS 920 32ND AVENUE LEWISVILLE, TERAS 75067 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 TITLE ☐ Delete TITLE ☐ Addition Change MURNOCK, DEBORAH A NAME NAME MURDOCK, DEBORAH A 1908 WILD HORSE CORRAL STREET ADDRESS STREET ADORESS 920 32ND AVENUE 75067 CITY-ST-ZIP CITY-ST-7IP LEWISVILLE, TEXAS VERO BEACH FL 32960 Addition TITLE ☐ Delete TITÍ F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby dertify 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an

SIGNATURE:

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

19/02

972 - 316 - 3484

Daytime Phone #

FILED