

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106759

1. Entity Name

RHINO WERKS, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90042 047 ***150.00

Principal Place of Business

Mailing Address

~~125 MAYS STREET~~
~~ORANGE CITY FL 32763~~

~~125 MAYS STREET~~
~~ORANGE CITY FL 32763~~

2. Principal Place of Business

2665 GRAND AVE

3. Mailing Address

2665 GRAND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELAND, FL

City & State

DELAND, FL

4. FEI Number

89 3613873

Applied For

Not Applicable

Zip

32720

Country

USA

Zip

32720

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~EKMAN, JAMES M~~
~~5758 FOX HOLLOW ROAD~~
~~DELEON SPRINGS FL 32130~~

Name

TRISTAN CHITTY

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

2665 GRAND AVE

City

DELAND, FL

FL

Zip Code

32720

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

TRISTAN CHITTY

(NOTE: Registered Agent signature required when reinstating)

4.28.00

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CHITTY, TRISTAN N	
STREET ADDRESS	2665 GRAND AVENUE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	EKMAN, JAMES M	
STREET ADDRESS	5758 FOX HOLLOW ROAD	
CITY-ST-ZIP	DELEON SPRINGS FL 32130	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRISTAN CHITTY

Date

Daytime Phone #

4.28.00 (909) 740-0903

CR2E034 (9/99)