

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S26721**

1. Entity Name
• **RHYNE INVESTMENTS, INC.**

Principal Place of Business
**1802 DENNIS ST
JACKSONVILLE FL 32204
US**

Mailing Address
**1802 DENNIS ST
JACKSONVILLE, F 32204
US**

2. Principal Place of Business

3. Mailing Address

4642 IROQUOIS AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JAX, FL

Zip

Country

Zip

32210

Country

USA

4. FEI Number **59-3049945**

Applied For

Not Applicable

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

**RHYNE, SIMS J.
1802 DENNIS ST
JACKSONVILLE FL 32204**

Name **J. SIMS RHYNE**

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

4642 IROQUOIS AV

City

JAX, FL

State

FL

Zip

32210

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]

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

(NOTE: Registered Agent signature required when re-issuing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RHYNE, J. SIMS JR.
4642 IROQUOIS AVE.
JACKSONVILLE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RHYNE, MARGARET D
4642 IROQUOIS AVE
JACKSONVILLE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

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CITY - ST - ZIP

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CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90023 027 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)