CR2E034 (10/02)

## 2003 FOR PROFIT CORPORATION

## FILED Apr 28, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR** S39368 DOCUMENT # 1. Entity Name 04-28-2003 91482 027 \*\*\*150.00 RM & RT DEVELOPERS. INC. Principal Place of Business Mailing Address 16355 VANDERBELT DR 16355 VANDERBELT DR **BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134** 2. Principal Place of Business 3. Mailing Address OLLIER 13965 3965 Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-0268889 $\forall APLES$ NAPLES Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 34119-1535 34119-1535 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOBEL, RAY Street Address (P.O. Box Number is Not Acceptable) 6688 HUNTLEY LN S. COLLIER NAPLES FL 33942 NAPLES state from the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity sylomi the obligations of registe SIGNATURE DATE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5:00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition SOBEL, RAY NAME NAME STREET ADDRESS 6688 HUNTLEY S. 1 STREET ADDRESS 13965 COLLIER BLVD NAPLES FL 33942 CITY-ST-71P 34119 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WIEDER, EDWARD NAME NAME 27321 SW 164 CT STREET ADDRESS STREET ADDRESS HOMESTEAD FL CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied vindicated on this report or supplemental lepon of the corporation or the receiver or trustee en ipg does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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 other like empowered.

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ture required AND TO SED OR PRINTED NAME OF SIGNING OFFICER

Daytime Phone #