

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90126 032 ***150.00

DOCUMENT # **V73103**

1. Entity Name

RHYTHM TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

**7901 BAYMEADOWS WAY
 SUITE 5
 JACKSONVILLE FL 32256
 US**

**7901 BAYMEADOWS WAY
 SUITE 5
 JACKSONVILLE FL 32256
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

774 Highway 13 North

3. Mailing Address

774 Highway 13 North

Suite, Apt. #, etc.

Suite 9

Suite, Apt. #, etc.

Suite 9

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

65-0368848

Applied For

Not Applicable

Zip

32259

Country

USA

Zip

32259

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

**ACCORTI, PETER R
 248 NORTH CHECKERBERRY WAY
 JACKSONVILLE FL 32259**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LUCERI, RICHARD M MD 2366 NE 28TH ST LIGHTHOUSE POINT FL 33064	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ACCORTI, PETER R 12202 LASHBROOK CT JACKSONVILLE FL 32223	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Luceri, Richard M MD 2366 NE 28th ST Lighthouse Point, FL 33064	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD Accorti, Peter R 248 North Checkerberry Way Jacksonville, FL 32259	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cesar M. Diaz 17915 skypark Circle - Ste. D Irvine, Ca., 92614	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas Allen 17915 skypark Circle - Ste. D Irvine, Ca., 92614	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alvaro Diaz 17915 skypark Circle - Ste. D Irvine, Ca., 92614	☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Peter R. Accorti

4/27/01

904-230-1230

CR2E034 (10/00)