


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90308 001 \*\*\*300.00

0034209 AV

<b>DOCUMENT # J68437</b>		
1. Entity Name <b>RPC DEVELOPMENT CORPORATION</b>		
Principal Place of Business <b>248 LEVY RD ATLANTIC BEACH FL 32233 US</b>		Mailing Address <b>P.O BOX 330775 ATLANTIC BCH FL 32233 US</b>
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-2793613</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>WILSON, CHARLES J 4417 BEACH BLVD., SUITE 200 SUITE 200 JACKSONVILLE FL 32207</b>				Name <b>Same</b>					
				Street Address (P.O. Box Number is Not Acceptable) <b>330 Hartley Road Ste 120</b>					
				City <b>Jacksonville</b>		FL		Zip Code <b>32257</b>	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>DPT</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PERRETT, ROBERT E.</b>			NAME			
STREET ADDRESS	<b>1603 PONDEROSA PINE DR E</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RODRIGUES, PETER J.</b>			NAME			
STREET ADDRESS	<b>349 11TH ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ATLANTIC BEACH FL</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **13 Feb 03** (904) 241-4416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2003 (1/10/02)