## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K20377 **DOCUMENT #** 

1. Entity Name R.P.M. OF JACKSONVILLE, INC.

Principal Place of Business

9926 BEACH BLVD.SUITE 362



Mailing Address

9926 BEACH BLVD.SUITE 362



**FILED** Jul 29, 2003 8:00 am Secretary of State 07-29-2003 90014 012 \*\*\*150.00

Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   CHECK HERE IF MAKING CHANGES  Suite, Apt. 4, etc.   CHY & State   4. FEI Number 59-2884587   Applied For International Country   Zip   Country   5. Cartificate of Status Desired   \$8.75 Additional Fee Requirement   \$8	JACKSONVILLI	E FL 32246		JACKSONVILLE FL 32246									
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Zip Country Zip Country 5. Certificate of Status Desired	Suite, Apt.	. #, etc.	<del></del>	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
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City   FL   Zip Code	9926 BEACH BLVD,SUITE 362												
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature	JACKSON	VILLE FL 32	246				ļ						
THE NOW!! FEE IS \$55.00 May Be Added to Fees Make Check Payable to Florida Department of State  10.							City			FL	Zip Cod	e	
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes, I further certify that the information		<u></u>	<del>_, _,</del>						- <del></del>				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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