2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90035 049 ***150.00

DOCUMENT # P00000067001

1. Entity Name
RPM FLEET MAINTENANCE CORPORATION

Principal Place of Business	Mailing Address
50 N. LAURA STREET SUITE 2800 JACKSONVILLE FL 32202	50 N. LAURA STREET SUITE 2800 JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2911 Dusa Drive	2911 Dusa Drive
Suite, Apt. #, etc.: Suite F	Suite, Apt. #, etc.: Suite F
City & State: Melbourne, Florida	City & State: Melbourne, Florida
Zip: 32934 Country: USA	Zip: 32934 Country: USA

4. FEI Number: 59-3660391 ☐ 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
BUSS, ADAM J 50 N. LAURA STREET SUITE 2800 JACKSONVILLE FL 32202	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D MONTANA, THOMAS H 790 RENNER AVENUE MELBOURNE FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P Montana, Thomas H. 2911 Dusa Drive, Suite F Melbourne, FL 32934	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONTANA, CARLO 1 GAP HEAD ROAD ROCKPORT MA 01966	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Montana, Carol 1 Gap Head Road Rockport, MA 01966	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T Montana, Paul B. 1 Gap Head Road Rockport, MA 01966	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: Paul B. Montana — 4/19/01 — 321-752-7226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #