2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90318 021 ***150.00

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DOCUMENT # P00000067001

1. Entity Name
RPM FLEET MAINTENANCE CORPORATION

Principal Place of Business	Mailing Address
2911 DUSA DRIVE SUITE F MELBOURNE FL 32934	2911 DUSA DRIVE SUITE F MELBOURNE FL 32934

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

BUSS, ADAM J
50 N. LAURA STREET
SUITE 2800
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name: Thomas H. Montana
Street Address (P.O. Box Number is Not Acceptable): 2911 Dusa Dru. Suite F
City: Melbourne FL Zip Code: 32934

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: _____ Thomas H. Montana/President 4-25-03
Signature, typed or printed name of registered agent and title if applicable. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MONTANA, THOMAS H 2911 DUSA DRIVE SUITE F MELBOURNE FL 32934	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONTANA, CAROL ~~1 GAP HEAD ROAD~~ ~~ROCKPORT MA 01966~~ →	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 16 Colonial Way Exeter, NH 03833
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MONTANA, PAUL B ~~1 GAP HEAD ROAD~~ ~~ROCKPORT MA 01966~~ →	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 16 Colonial Way Exeter, NH 03833
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CR2E034 (10/02)

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: _____ Thomas H. Montana 4-25-03 321-752-7226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #