

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 660516

1. Entity Name

R.P. III PRODUCTIONS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90032 020 ***150.00

Principal Place of Business

Mailing Address

C/O ROBERT PARLETTE II
1417 LANDS END RD
MANALAPAN FL 33462
US

C/O ROBERT PARLETTE II
1417 LANDS END RD
MANALAPAN FL 33462-4728
US

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

59-1989403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARLETTE, II, ROBERT
1417 LANDS END RD
PT. MANALAPAN FL 33462

Name

JUANITA PARLETTE

Street Address (P.O. Box Number is Not Acceptable)

1417 LANDS END RD

City

PT MANALAPAN

FL

Zip Code

33462

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

Juanita Parlette, P.
JUANITA PARLETTE

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, 2000 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	<input checked="" type="checkbox"/> Delete
PD	PARLETTE II, ROBERT	1417 LANDS END RD	PT. MANALAPAN FL	
D	PARLETTE, JUANITA	1417 LANDS END RD	PT. MANALAPAN FL	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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

JUANITA PARLETTE

Date

3-14-00 561 582-2086

Daytime Phone #

CR2E034 (9/99)