

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 660516

1. Entity Name
R.P. III PRODUCTIONS, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90341 036 ***150.00

Principal Place of Business

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

Mailing Address

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

725641



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O JUANITA PARLETTE

3. Mailing Address

C/O JUANITA PARLETTE

Suite, Apt. #, etc.

118 BAYVIEW ISLE DR

Suite, Apt. #, etc.

118 BAYVIEW ISLE DR

City & State

ISLAMORADA FL

City & State

ISLAMORADA FL

Zip

33036

Country

U.S.

Zip

33036

Country

U.S.

4. FEI Number 59-1989403

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

PARLETTE, JUANITA

1417 LANDS END RD

PT. MANALAPAN FL 33462

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

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, 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
PARLETTE, JUANITA
1417 LANDS END RD
PT. MANALAPAN FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Juanita Parlette
JUANITA PARLETTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01 305 664-0090
Date Daytime Phone #

CR2E034 (10/00)