

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED 192

02 JUN -3 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A98000001053**

1. Entity Name

RPMDK, LTD.

Principal Place of Business

465 TRESKA ROAD
JACKSONVILLE FL 32266

Mailing Address

465 TRESKA ROAD
JACKSONVILLE FL 32266

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

APPLIED FOR

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

SILLIMAN, MARK W

465 TRESKA ROAD
JACKSONVILLE FL 32266

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.

DATE

9. Capital Contributions
as Shown on record.

\$500.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000035282
NAME 465 TRESKA ROAD, INC.
STREET ADDRESS 465 TRESKA ROAD
CITY-ST-ZIP JACKSONVILLE FL 32266

STREET ADDRESS

CITY-ST-ZIP

800005693248--8

-06/06/02--01003--004

****150.00 ****150.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

04/24/02

CR2E003 (9/01)

292

Form **SS-4**

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested RPMDK, LTD	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name Mark W. Silliman
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 465 Tresca Road	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code Jacksonville, Florida 32225	5b City, state, and ZIP code
	6 County and state where principal business is located Duval, Florida	
	7a Name of principal officer, general partner, grantor, owner, or trustor 465 Tresca Road, Inc.	7b SSN, ITIN, or EIN

8a Type of entity (check only one box)		<input type="checkbox"/> Estate (SSN of decedent)	
<input type="checkbox"/> Sole proprietor (SSN)		<input type="checkbox"/> Plan administrator (SSN)	
<input checked="" type="checkbox"/> Partnership		<input type="checkbox"/> Trust (SSN of grantor)	
<input type="checkbox"/> Corporation (enter form number to be filed) ▶		<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government	
<input type="checkbox"/> Personal service corp.		<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military	
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises	
<input type="checkbox"/> Other nonprofit organization (specify) ▶		Group Exemption Number (GEN) ▶	
<input type="checkbox"/> Other (specify) ▶			

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
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9 Reason for applying (check only one box)		<input type="checkbox"/> Banking purpose (specify purpose) ▶	
<input type="checkbox"/> Started new business (specify type) ▶		<input type="checkbox"/> Changed type of organization (specify new type) ▶	
<input type="checkbox"/> Hired employees (Check the box and see line 12.)		<input type="checkbox"/> Purchased going business	
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Created a trust (specify type) ▶	
<input checked="" type="checkbox"/> Other (specify) ▶ Acquire through legal settlement (was dormant)		<input type="checkbox"/> Created a pension plan (specify type) ▶	

10 Date business started or acquired (month, day, year) 12/31/00	11 Closing month of accounting year December
----------------------------------------------------------------------------	--------------------------------------------------------

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ NO Employees

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". ▶	Agricultural -0-	Household -0-	Other -0-
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14 Check one box that best describes the principal activity of your business.		<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Accommodation & food service
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Wholesale-other
		<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. NONE

16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		
Name and title (type or print clearly) ▶ Mark W. Silliman		Applicant's telephone number (include area code) (904) 724 0405
Signature ▶ Mark W. Silliman	Date ▶ 05/25/02	Applicant's fax number (include area code) (904) 724 6696