

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90145 023 ***150.00

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DOCUMENT # H80027

1. Entity Name

R.P.G. OF S. FLORIDA, INC.



Principal Place of Business
13150 DOUBLETREE CIR.
W PALM BCH. FL 33414

Mailing Address
13150 DOUBLETREE CIR.
W PALM BCH. FL 33414

2. Principal Place of Business

2920 Mary's Way
Suite, Apt. #, etc.

3. Mailing Address

2920 Mary's Way
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

4. FEI Number 59-2692004

Applied For
Not Applicable

Zip
33410-1036

Country USA
~~33410-1036~~

Zip
33410-1036

Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, RICHARD C.
13150 DOUBLETREE CIRCLE
WEST PALM BCH FL 33414

7. Name and Address of New Registered Agent

Name (Same) ELLIOTT, RICHARD C.

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

2920 Mary's Way

City West Palm Beach FL Zip Code 33410-1036

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 Richard C. Elliott Richard C. Elliott President 4/8/03
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 | TS ELLIOTT, PATRICIA 13150 DOUBLETREE CR. WEST PALM BEACH FL 33414 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ELLIOTT, RICHARD 13150 DOUBLETREE CIR. WEST PALM BEACH FL 33414 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS ELLIOTT, PATRICIA 2920 Mary's Way West Palm Beach, FL 33410-1036 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ELLIOTT, RICHARD 2920 Mary's Way West Palm Beach, FL 33410-1036 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Patricia A. Elliott Patricia A. Elliott 4/8/03 744-3139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (561)
Date Daytime Phone #

CR2E034 (10/02)