

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M25523

1. Entity Name

RDM ENTERPRISES, INC.

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90035 032 ***150.00

709819



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O JOHN GRIGELIS
717 S. OCEAN BLVD.
POMPANO BEACH FL 33062-6313

Mailing Address
C/O JOHN GRIGELIS
717 S. OCEAN BLVD.
POMPANO BEACH FL 33062-6313

2. Principal Place of Business
118 PRATHER DR
Suite, Apt. #, etc.

3. Mailing Address
118 PRATHER DR
Suite, Apt. #, etc.

City & State
DAVENPORT, FL

City & State
DAVENPORT, FL

Zip
33837

Country

Zip
33837

Country

4. FEI Number 59-2627783

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GRIGELIS, JOHN
717 S. OCEAN BLVD.
POMPANO BEACH FL

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
118 PRATHER DR
City DAVENPORT FL Zip Code 33837

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 JOHN GRIGELIS
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	PD GRIGELIS, JOHN 717 S. OCEAN BLVD. POMPANO BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	118 PRATHER DR DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRIGELIS, CAROL 717 S OCEAN BLVD POMPANO BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	118 PRATHER DR DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *John Grigelis* JOHN GRIGELIS, PRES 863-420-0205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)