

DOCUMENT # P00000021374

1. Entity Name

R.P.M. Performance Technologies, Inc.

Principal Place of Business

11149 Tamiami Trail
Punta Gorda, FL 33955

Mailing Address

7000 Cypress Grove Circle
Punta Gorda, FL 33982

2. Principal Place of Business

11149 Tamiami Trail

3. Mailing Address

7000 Cypress Grove Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Punta Gorda, FL 33955

City & State

Punta Gorda, FL 33982

4. FEI Number

65-0993890

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

Ariana R. Fileman
1625 W. Marion Avenue
Suite 2
Punta Gorda, FL 33950

7. Name and Address of New Registered Agent

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
		Wayne Alexander	7000 Cypress Grove Circle	Punta Gorda, FL 33982	

TITLE	VP	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
		John Plakiotis	23130 Hemenway Avenue	Port Charlotte, FL 33952	

TITLE	S	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
		Hugh Alexander	Doredo Drive	Punta Gorda, FL 33955	

TITLE	T	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
		John Plakiotis	23130 Hemenway Avenue	Port Charlotte, FL 33952	

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Sabrina P. Alexander	7000 Cypress Grove Circle	Punta Gorda, FL 33982		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Sabrina P. Alexander	7000 Cypress Grove Circle	Punta Gorda, FL 33982		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Wayne Alexander	7000 Cypress Grove Circle	Punta Gorda, FL 33982		

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

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

Date

Cellular Phone

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90035 047 ***150.00

658604

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)