2002 Uniform Business Report (UBR)

FILED Apr 18, 2002 8:00 am Secretary of State

| DOCUMENT # P0000081425 1. Entity Name R.P.M.S. GOURMET ENTERPRISES, INC. | | | | 04-18-20 | 02 90464 | | | |
|--|---|--|------------------------------|---|---------------------------------------|--|---|---|
| | \searrow | | | | | | | |
| Principal Place of Business | Mailing Address | | - | | | | | |
| 10310 TURKEY OAK DR. | 10310 TURKEY OAK DR. | | | | | | | |
| NEW PORT RICHEY FL 34564 | 564 | | | | | | | |
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| 2. Principal Place of Business | 2 Mailing Address | | | | | | | |
| 2. Principal Place of Business 10310 Turket OAK DR 10310 Turket OAK | | gk DR | | *************************************** | | | | |
| Suite, Apt.#, etc. | Suite, Apt. #, etc. | | | DO NOT WRITE | E IN THIS SPA | CE | | |
| City & State | Cin. 9 Ciasa | | | | | | | <u></u> |
| NEW Port Rubey F.L. | NEW POST RICH | ex Fl. | 4. 1 | FEI Number 59-37 18452 | | | pplied For lot Applicab | Je le |
| Zip Country | Zip | Country | . | Certificate of Status Desired | \$8 | .75 Ad | | $\tilde{\dashv}$ |
| 34654-5840 USA | 34654-5840 | USA | | | Fee | Require | ed | |
| 6. Name and Address of Curren | t Hegistered Agent | Name | 7. N | lame and Address of New Re | gistered Age | nt | | \dashv |
| SILVAIN, ROBERT P | | | | | | | | |
| 10310 TURKEY OAK DR. | Street Addr | ress (P.O. B | ox Number is Not Acceptable) | t | | | | |
| NEW PORT RICHEY FL 34564 | | | | | · · · · · · · · · · · · · · · · · · · | | | 7 |
| | | City | | | P=1 | Zip Cod | ie . | |
| 8. The above named entity submits this statement for | | | | | FL | | | _ |
| | • | | | | | | | - |
| SIGNATURE Simply in board or orbited name of recistaryed agent | t and little if applicable (NOTE- | Registered Ameri signature of | actificat when rei | outerine) | DATE | | | |
| Signature, typed or printed name of registered agen | | Registered Agent signature ri | | instating) | DATE | | | |
| Signature, typed or printed name of registered agent 9. This corporation is eligible to satisfy its Intangible | FILE NOW! | .FEE IS \$150.00 | | * 10. Election Campaign Fina | | ~ \$5i0 | XO May Be | |
| Signature, typed or printed name of registered agen | FILE NOW! | FEE IS \$150.00. Fee will be \$550. | .00 | | | ** \$5:0 Added | May Be | |
| Signature, typed or printed name of registered agent 9. This corporation is eligible to satisfy its Intangible Tax liling requirement and elects to do so. (See criteria on back) OFFICERS AND | After May 1, 200 Make Check Payabl | FEE IS \$150.00. Fee will be \$550. | .00 State | * 10. Election Campaign Fina | nāirīg — — | Addec | d to Fees | |
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13. I hereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KOLUTE TO PROJECT SECTION OF PICER OR DIRECTOR

1-10-02

727-848-8909

Daytime Phone