

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-18-2002 90464 023 \*\*\*158.75

**DOCUMENT # P00000081425**

1. Entity Name

R.P.M.S. GOURMET ENTERPRISES, INC.

Principal Place of Business

10310 TURKEY OAK DR.  
 NEW PORT RICHEY FL 34564

Mailing Address

10310 TURKEY OAK DR.  
 NEW PORT RICHEY FL 34564



2. Principal Place of Business

10310 Turkey Oak DR  
 Suite, Apt. #, etc.

3. Mailing Address

10310 Turkey Oak DR  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NEW Port Richey FL

City & State

NEW Port Richey FL

4. FEI Number

59-3718452

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SILVAIN, ROBERT P  
 10310 TURKEY OAK DR.  
 NEW PORT RICHEY FL 34564

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, 2002 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 COB  
 SILVAIN, ROBERT P  
 10310 TURKEY OAK DR.  
 NEW PORT RICHEY FL 34564 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DST  
 SILVAIN, CELESTE R  
 10310 TURKEY OAK DR.  
 NEW PORT RICHEY FL 34564 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DV  
 SILVAIN, EVELYN E  
 10310 TURKEY OAK DR.  
 NEW PORT RICHEY FL 34564 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SVP  
 GIVENS, ALFRED R  
 10310 TURKEY OAK DR.  
 NEW PORT RICHEY FL 34564 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 1VP  
 TEMPLE, CAROL J  
 10310 TURKEY OAK DR.  
 NEW PORT RICHEY FL 34564 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ 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:

*Robert P. Silvain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02

Date

727-848-8909

Daytime Phone #

CR2E034 (9/01)