

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109828

1. Entity Name

RMH ASSOCIATES, INC.

Principal Place of Business

Mailing Address

3542 MORRIS STREET NORTH  
ST. PETERSBURG FL 33713

3542 MORRIS STREET NORTH  
ST. PETERSBURG FL 33713

2. Principal Place of Business

301 2ND STREET NORTH

Suite, Apt. #, etc.

8

3. Mailing Address

301 2ND ST. NORTH

Suite, Apt. #, etc.

8

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33701

Country

USA

Zip

33701

Country

USA

4. FEI Number

59-3686099

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GILBERT, RODNEY C  
3542 MORRIS STREET NORTH  
ST. PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name GILBERT, RODNEY C.

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

301 2ND ST. N., #8

City ST. PETERSBURG FL

Zip Code 33701

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

*Rodney C. Gilbert* RODNEY C. GILBERT

FEB. 7, 2001

Signature typed or printed name of registered agent and date 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

TITLE	D	<input type="checkbox"/> Delete
NAME	GILBERT, RODNEY C	
STREET ADDRESS	301 SECOND STREET NORTH #8	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, V, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNETH CARPENTER	
STREET ADDRESS	101 4TH AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, RODNEY C.	
STREET ADDRESS	301 2ND ST. N. #8	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Rodney C. Gilbert* RODNEY C. GILBERT 2/7/01 (72) 824694

Signature and typed or printed name of signing officer or director

Date

Daytime Phone



DO NOT WRITE IN THIS SPACE

CR2034 (10/00)