


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90092 041 \*\*\*150.00

**DOCUMENT # P01000022879**

1. Entity Name  
**RPM INVESTMENT GROUP, INC.**



Principal Place of Business  
**416 SYCAMORE STREET  
CELEBRATION FL 34747**

Mailing Address  
**416 SYCAMORE STREET  
CELEBRATION FL 34747**



2. Principal Place of Business  
**717 EAST LAWN DR**

3. Mailing Address  
**717 EAST LAWN DR**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Celebration FL**

City & State  
**Celebration FL**

Zip  
**34747** Country  
**USA**

Zip  
**34747** Country  
**USA**

4. FEI Number  
**59-3711106**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FONZI, IRENE  
7500 LOQUINA PLACE  
NORTH BAY VILLAGE FL 33141**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b> <input type="checkbox"/> Delete
NAME	<b>MALATINO, ROBIN P</b>
STREET ADDRESS	<b>416 SYCAMORE STREET</b>
CITY-ST-ZIP	<b>CELEBRATION FL 34747</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE	<b>PSTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBIN P MALATINO</b>
STREET ADDRESS	<b>717 EAST LAWN DR</b>
CITY-ST-ZIP	<b>Celebration FL 34747</b>
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/9/03** Daytime Phone # **407 566 9230**

CR2E034 (10/02)