

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90141 034 \*\*\*150.00

DOCUMENT # P01000048986

1. Entity Name

RMJP, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3060 N Atlantic Ave.

3. Mailing Address

3060 N Atlantic Ave.

Suite, Apt. #, etc.

707

Suite, Apt. #, etc.

707

City & State

Cocoa Beach, FL

City & State

Cocoa Beach FL

Zip

32931

Country

Zip

32931

Country

4. FEI Number

59-3721740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert M. Poiani

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

3060 N Atlantic Ave. #707

City

Coca Beach

FL

Zip Code

32931

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
Director  
Robert M. Poiani  
3060 N. Atlantic Ave. #707  
Coca Beach, FL 32931

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert M. Poiani* Robert M. Poiani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03

Date

(321) 799-3030

Daytime Phone #