

2002 Amendment  
FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P01 - 0000 - 92241

1. Entity Name

RPM RESTAURANTS, INC.

02 JUL 31 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2202 N. WESTSHORE

3. Mailing Address

9596 123rd WAY

Suite, Apt. #, etc.

BLVD. - 5th FLOOR

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

SEMINOLE, FLORIDA

4. FEI Number

65-1145199

Applied For

Not Applicable

Zip

33607

Country

USA

Zip

33772

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

PETE M. MAY

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

9596 123rd WAY

City

SEMINOLE

FL

Zip

33772

DO NOT WRITE  
IN THIS SPACE

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 this is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/22/02

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 PRES, SECRETARY, TREASURER  
NAME PETE M. MAY  
STREET ADDRESS 9596 123rd WAY  
CITY - ST - ZIP SEMINOLE, FLA 33772

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/22/02

7272240285

CR2E034B (12/01)

8/5/02