

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90178 027 ***150.00

DOCUMENT # P02000065935

1. Entity Name
RPM UNLIMITED INC.



Principal Place of Business
2832 SUMMER BROOKE WAY
CASSELBERRY FL 32707

Mailing Address
2832 SUMMER BROOKE WAY
CASSELBERRY FL 32707

2. Principal Place of Business
2720 Forsyth Rd.
Suite, Apt. #, etc.
#308

3. Mailing Address
2832 Summer Brooke Way
Suite, Apt. #, etc.
Casselberry, FL 32707

City & State
Winter Park, FL

City & State

4. FEI Number
38-3655030

Applied For
Not Applicable

Zip 32792 **Country** USA

Zip 32707 **Country** USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANSBERRY, SHERIL K.
111 N LAKEMONT AVE STE 2C
WINTER PARK FL 32792

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

Signature, typed or printed name of registered agent and title if applicable.

(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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	James M. Stansberry	
STREET ADDRESS	2832 Summer Brooke Way	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Clayton K Campbell	
STREET ADDRESS	2521 Tree Ridge Lane	
CITY-ST-ZIP	Orlando, FL 32817	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	James M. Stansberry	
STREET ADDRESS	2832 Summer Brooke Way	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Clayton K Campbell	
STREET ADDRESS	2521 Tree Ridge Lane	
CITY-ST-ZIP	Orlando, FL 32817	
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"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-03 407-353-1724

Date

Daytime Phone #

CR2E034 (10/02)