

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 19, 2004 8:00 am
Secretary of State

DOCUMENT # P03000151118

1. Entity Name

RPM Carpentry, Inc.



02-19-2004 90084 002 *****8.75

02-19-2004 90084 001 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4119 62nd Street West

3. Mailing Address
4119 62nd Street West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Bradenton, Florida

City & State
Bradenton, Florida

4. FEI Number
56-2420483

Applied For
Not Applicable

Zip
34209

Country
USA

Zip
34209

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Dallas M. Wilson

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

4119 62nd Street West

City
Bradenton

FL Zip Code
34209

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

Dallas M. Wilson

Dallas M. Wilson

01-31-2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

Wilson, Dallas M. -President
4119 62nd Street West
Bradenton, Florida

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Wilson, Robert L. -Vice-President
3728 16th Street Court East
Bradenton, Florida 34208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Wilson, Dallas R. -Secretary/Treasurer
3717 16th Street Court East
Bradenton, Florida 34208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Dallas M. Wilson

Dallas M. Wilson

1-31-2004

941-730-6863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)