

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000098087

1. Entity Name
RPM PRODUCTIONS, INC.

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90083 048 ***150.00

Principal Place of Business
2291 WINSLOW CIRCLE
CASSELBERRY FL 32707

Mailing Address
2291 WINSLOW CIRCLE
CASSELBERRY FL 32707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3380610

Applied For
Not Applicable

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

KATHIE DEFILIPPO PARKS TSCHOPP & WHITCOMB
2600 MAITLAND CENTER PARKWAY
STE 330
MAITLAND FL 32751

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☐ Delete
NAME ABBOTT, BRUCE
STREET ADDRESS 339 DAYTONA AVE
CITY-ST-ZIP HOLLY HILL FL

TITLE VD ☐ Change ☒ Addition
NAME AL SMITH
STREET ADDRESS 37 Cochise Ct.
CITY-ST-ZIP PALM COAST FL 32137

TITLE D ☒ Delete
NAME PAUL, MELANIE
STREET ADDRESS 6 PEPPER RD
CITY-ST-ZIP TOWACO NJ

TITLE VD ☐ Change ☒ Addition
NAME STERLING GLANER
STREET ADDRESS 24 FULTON CT
CITY-ST-ZIP PALM COAST FL 32137

TITLE VD ☐ Delete
NAME WOOTTON, L. THOMAS
STREET ADDRESS 2610 NW 69TH TERR
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME PAUL, DOUGLAS
STREET ADDRESS 6 PEPPER RD
CITY-ST-ZIP TOWACO NJ 07082

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WOOTTON-MIKELL, LINELL
STREET ADDRESS 1820 VIA CONTESSA
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME GLANER, KIM
STREET ADDRESS 2291 WINSLOW CIRCLE
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE STD ☒ Change ☐ Addition
NAME GLANER, KIM
STREET ADDRESS PO BOX 300497
CITY-ST-ZIP FERN PARK FL 32730-0497

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

SIGNATURE:

Kim Glaner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-2001
Date

(407) 331-5415
Daytime Phone #

CR2E034 (10/00)