

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90027 003 ***150.00

DOCUMENT # P97000021074**1. Entity Name**
R.P.M. OF FERN PARK, INC.**Principal Place of Business**
7985 S HWY 17-92
FERN PARK FL 32730**Mailing Address**
7985 S HWY 17-92
FERN PARK FL 32730**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 59-3434332Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**RITTER, ROBERT
7985 S HWY 17-92
FERN PARK FL 32730**7. Name and Address of New Registered Agent**

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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** PSD ☐ Delete
NAME RITTER, ROBERT
STREET ADDRESS 7985 S HWY 17-92
CITY-ST-ZIP FERN PARK FL 32730**TITLE** PVTs ☐ Delete
NAME RITTER, ROBERT
STREET ADDRESS 7985 S HWY 17-92
CITY-ST-ZIP FERN PARK FL 32730**TITLE** ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____**TITLE** ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____**TITLE** ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____**TITLE** ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____**TITLE** ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____**TITLE** ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____**TITLE** ☐ Change ☐ Addition
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STREET ADDRESS _____
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NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____**TITLE** ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____**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:** Robert D Ritter Pres 1/3/01 (407) 260-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)