

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047004

1. Entity Name
RPM LIMITED, INC.

Principal Place of Business
550 N. REO ST.
TAMPA FL 33609-1013

Mailing Address
550 N. REO ST.
TAMPA FL 33609-1013

2. Principal Place of Business
301A MEARS BLVD.

3. Mailing Address
Suite, Apt. #, etc.

City & State
OLDSMAR, FL.

City & State

Zip
34677

Country

Zip

Country

4. FEI Number 59-3450439

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHAW, BILL M
550 N. REO ST.
TAMPA FL 33609-1013

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 file 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

TITLE D/P
NAME ROBIN C. HOWE
STREET ADDRESS 210 LIGHTHOUSE CT.
CITY-ST-ZIP SAFTY HARBOR, FL. 34695 ☐ Delete

TITLE D/V
NAME MARK HOWE
STREET ADDRESS 5904 SPRINGRUN CT.
CITY-ST-ZIP HOLIDAY, FL. 34690 ☐ Delete

TITLE S/T
NAME CARA HOWE
STREET ADDRESS 5904 SPRINGRUN CT.
CITY-ST-ZIP HOLIDAY, FL. 34690 ☐ Delete

TITLE D
NAME PETER HOWE
STREET ADDRESS 2538 PINETTA CT.
CITY-ST-ZIP HOLIDAY, FL. 34691 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900004560569-9
-08/28/01--01093--010
*****61.25 *****61.25 ☐ Change ☐ Addition

TITLE D/P
NAME MARK HOWE
STREET ADDRESS 508 PINE AVE.
CITY-ST-ZIP OLDSMAR, FL. 34677 ☒ Change ☐ Addition

TITLE D/S/T
NAME CARA HOWE
STREET ADDRESS 508 PINE AVE.
CITY-ST-ZIP OLDSMAR, FL. 34677 ☒ Change ☐ Addition

TITLE D/V
NAME PETER HOWE
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/07/01 813-855-2961

Date

Daytime Phone #

FILED
01 AUG 13 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE