

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90043 009 ***150.00

DOCUMENT # P97000047004

1. Entity Name

R P M LIMITED, INC.

Principal Place of Business

**301A MEARS BLVD
 OLDSMAR FL 34677
 US**

Mailing Address

**550 N REO ST
 SUITE 300
 TAMPA FL 33609-1013**

2. Principal Place of Business

3. Mailing Address

P. O. BOX 152779

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TAMPA, FL.

Zip

Country

Zip

33684-2779

Country

U.S.A.

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
 SUITE 300
 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 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, 2002 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 **DV** ☐ Delete
 NAME **HOWE, PETER**
 STREET ADDRESS **2538 PINETTA CT.**
 CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **DP** ☐ Delete
 NAME **HOWE, MARK**
 STREET ADDRESS **508 PINE AVE**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **DST** ☒ Delete
 NAME **HOWE, CLARA**
 STREET ADDRESS **508 PINE AVE**
 CITY-ST-ZIP **HOLIDAY FL 34691**

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
 NAME **ST ANN HOWE**
 STREET ADDRESS **210 LIGHTHOUSE COURT**
 CITY-ST-ZIP **SAFETY HARBOR, FL. 34695**

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)