

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State
 03-07-2002 90264 009 ***150.00

U119642
 AV

DOCUMENT # P97000058692

1. Entity Name

RNP ENTERPRISES, INC.

Principal Place of Business

**1571 CYPRESS AVE
 MELBOURNE FL 32935**

Mailing Address

**P.O. BOX 2384
 MELBOURNE FL 32936**

2. Principal Place of Business

751-D2 ENTERPRISE CT

3. Mailing Address

Suite, Apt. #, etc.

City & State

MEL, FL

City & State

Zip

32934

Country

USA

Zip

Country

4. FEI Number

59-3457584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KESIN, MARY

4777 BLACKBERRY DR 711 PEBBLE BEACH AVE, N.E.

W. MELBOURNE FL 32904 PALM BAY, FL 32905

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 **PSD** ☐ Delete
 NAME **KESIN, NED JR**
 STREET ADDRESS **4777 BLACKBERRY DR**
 CITY-ST-ZIP **W. MELBOURNE FL 32904**

TITLE **TD** ☐ Delete
 NAME **KESIN, MARY**
 STREET ADDRESS **4777 BLACKBERRY DR**
 CITY-ST-ZIP **W. MELBOURNE FL 32904**

TITLE **V** ☐ Delete
 NAME **KESIN, NED**
 STREET ADDRESS **4777 BLACKBERRY DR**
 CITY-ST-ZIP **W. MELBOURNE FL 32904**

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 **711 PEBBLE BEACH AVE, N.E.**
 CITY-ST-ZIP **PALM BAY, FL 32905**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **711 PEBBLE BEACH AVE, N.E.**
 CITY-ST-ZIP **PALM BAY, FL 32905**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **711 PEBBLE BEACH AVE, N.E.**
 CITY-ST-ZIP **PALM BAY, FL 32905**

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

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:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02
 Date

321-752-7000
 Daytime Phone #

CR2E034 (9/01)