

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074546

1. Entity Name
RPD ENTERPRISES, INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90215 024 ***150.00

Principal Place of Business
3612 HIGHWAY 92 EAST
PLANT CITY FL 33566

Mailing Address
3612 HIGHWAY 92 EAST
PLANT CITY FL 33566



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1112 E. 142nd AVENUE
OFFICE

City & State
Tampa, FL

Zip
33613

Country
HILLSBOROUGH

4. FEI-Number
59-3531006

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BAIRD, PHILLIP B
3612 HIGHWAY 92 EAST
PLANT CITY FL 33566

7. Name and Address of New Registered Agent
Name
DONNA O'TOOLE
Street Address (P.O. Box Number is Not Acceptable)
3612 HIGHWAY 92 EAST
City
PLANT CITY FL Zip Code
33566

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 Donna O'Toole DONNA O'TOOLE 3-15-01
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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOERR, RUSSELL P		NAME		
STREET ADDRESS	3612 HIGHWAY 92 EAST		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33566		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Russell P. Doerr RUSSELL P. DOERR 3-15-01 813-752-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0324817

CR2E034 (10/00)