2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P99000102036

1. Entity Name

RPM INVESTMENTS OF CENTRAL FLORIDA, INC.



Mar 05, 2003 8:00 am Secretary of State 03-05-2003 90030 016 ***150.00

FILED

Principal Place of Business
7116 ROSE AVE
ORLANDO FL 32810

Mailing Address 7116 ROSE AVE

ORLANDO FL	_ 32810		ORLANDO FL 32810			İndi yanı baya dana dana ayın dari	
2. Principal F		GINIA AUE	3. Mailing Address	owin Dn			
Suite, Apt. #, etc. O PCLA (V BX)			Suite, Apt. #, etc. Oncanno		CHECK HERE IF MAKING CHANGES		
City & State			City & State		4. FEI Number 59-3437718	Applied For Not Applicable	
3280	23	Country ONANGE	32803	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Reg	istered Agent_	
MULLIGA	N, RICHARD)		Name			
7116 ROSE AVE ORLANDO FL 32810				Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
ORIZANDO	7 FL 32010			City		FL Zip Code	
8. The above the obligat	named entity tions of regist	y submits this statement for ered agent.	r the purpose of changing its	registered office or regis	tered agent, or both, in the State of Fiorida		
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT)	E: Registered Agent signature requi	ired when reinstating)	DATE	
a E1	II E MOWU	! FEE IS \$150.00				BALL	
After	May 1, 200	Fee will be \$550.00 Florida Department of	State		 Election Campaign Financ Trust Fund Contribution. 	sing \$5.00 May Be Added to Fees	
10.		OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS	P MULLIGAN 7116 ROS ORLANDO		□ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP TITLE	OULVIDO	FL 32810	Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition	
name Street address City-St-Zip		``,		NAME STREET ADDRESS CITY-ST-ZIP		Griange Addition	
NAME STREET ADDRESS CITY-ST-ZIP			- Delete	NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
ITLE IAME STREET ADDRESS SITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change ☐ Addition	
ITLE IAME TREET ADDRESS			□ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: