

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

0507591

DOCUMENT # V50430

1. Entity Name

R.P.R., INC.

02-01-2001 90091 044 ***150.00

Principal Place of Business

425 S OLIVE AVE
 WEST PALM BCH. FL 33401
 US

Mailing Address

PO BOX 4572
 WEST PALM BEACH FL 33402
 US

2. Principal Place of Business

3. Mailing Address

425 S. OLIVE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WEST PALM

City & State

City & State

WEST PALM BCH. FL 33401

Zip

Country

Zip

Country

4. FEI Number

65-0356862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOONEY, STEPHEN M
 243 RUSSLYN DR
 WEST PALM BEACH FL 33405

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, 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 ☐ Delete
 NAME MOONEY, STEPHEN M
 STREET ADDRESS 243 RUSSLYN DR
 CITY-ST-ZIP WEST PALM BCH FL

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

TITLE D ☐ Delete
 NAME POWELL, GILBERT
 STREET ADDRESS 200 RUTLAND BLVD
 CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 17890 121st TERRACE NORTH
 CITY-ST-ZIP JUPITER FL 33478

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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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

01/25/01 581 832-8999
 Date Daytime Phone #

CR2E034 (10/00)