## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000026314

1. Entity Name

RFP MANAGEMENT, INC.



## FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90094 041 \*\*\*150.00

Principal Place of Business 675 TINDELL ROAD OUINCY FL 32351 US		Mailing Address 675 TINDELL ROAD QUINCY FL 32351 US				10071970		
	Discourt David							
2. Principal	Place of Business	3. Mailing Address				T CORDINARY THE TRINGS COURT BREIT BRITT BUILD BUILD BUILD		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State				4. FEI Number 59-3498819	<b>⊢</b>	pplied For
Zip	Country	Zip		Countr	у	5. Certificate of Status Desired	\$8.75 Ad Fee Require	ditional
	6. Name and Address of Currer	ıt Register	ed Agent	· .		7. Name and Address of New Registered	<u> </u>	
DONIGE	**************************************				Name			
PRINCE, 675 TIND	HYAN DELL ROAD		Street Address			P.O. Box Number is Not Acceptable)		
QUINCY	FL 32351			Γ				
`		_			City	F	Zip Cod	e
8. The above	e named entity submits this statement	for the purp	ose of changing its	registered	office or registere	ed agent, or both, in the State of Florida. I arr	 1.familiar with.	and accept
the obliga	ations of registered agent.	1/2	<i>r</i>			$\sim 1$	′ /	
SIGNATURE	- / MAN /	8/1	100			3//	D/O.	3
<del></del>	Signature, typed or pulled name of registered ager	and title if app	licable. (NOTE	: Registered A	Agent signature required	when reinstating) DATE	/	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financing     Trust Fund Contribution.	\$ <b>5.0</b>	May Be
10.	OFFICERS AND		RS	11.	<u></u>	ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTOR	0.151.44
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NAME	PRINCE, RYAN			NAME			Onlinge	Li Addition
STREET ADDRESS	675 TINDELL ROAD			STREET	ADDRESS			
CITY-ST-ZIP	QUINCY FL 32351			CITY-S1	T-ZIP			
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OF PRINCES OF SIGNING OFFICER OR DIRECTOR

3/10/03

Daytime Phone #

CHZE034 (10)