

07-04-2002 90562 009 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F01000005921**
 1. Entity Name
RSW Management, Inc.

DO NOT WRITE IN THIS SPACE

80127038

2. Principal Place of Business
808 Sage Avenue
 Suite, Apt. #, etc.

3. Mailing Address
2097 128th Lane NE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Wellington, FL

City & State
BLAINE, MN

Zip
33414 Country **USA**

Zip
55449 Country **USA**

4. FEI Number
41-2018883

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Ronald A. Ward**

Street Address (P.O. Box Number is Not Acceptable)
808 SAGE AVENUE

City **Wellington** FL Zip **33414**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	Chairman + President + Treasurer Ronald A. Ward 808 Sage Ave. Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice Chairman + Vice President + Secretary 808 Sage Ave. Wellington FL 33414 Stephanie H. Ward
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Ronald A. Ward** **RONALD A. WARD** **6/6/02** **763-862-3556**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #