

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2003 8:00 am
Secretary of State

05-05-2003 92188 048 ***150.00

DOCUMENT # P02000090889

1. Entity Name
RESORT CONTRACTING SERVICES, INC.



Principal Place of Business
**1104 N COLLIER BLVD
MARCO ISLAND FL 34145**

Mailing Address
**1104 N COLLIER BLVD
MARCO ISLAND FL 34145**

55048964

2. Principal Place of Business

3. Mailing Address

P.O. Box 2244

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

30-0121725

Applied For

Not Applicable

Zip

Country

Zip

Country

34146

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

**GREUSEL, JAMIE B
C/O BERRY & GREUSEL
1104 N COLLIER BLVD
MARCO ISLAND FL 34145**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered 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

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
GREUSEL, JAMIE B
1104 N COLLIER BLVD
MARCO ISLAND FL 34145**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PRESIDENT D
ROBERT W. ROSENOW
834 BAW EAGLE DR.
MARCO ISLAND, FL 34145**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
ROSENOW, M. CHIEF
834 BAW EAGLE DR.
MARCO ISLAND, FL 34145**

☐ Change ☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-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:

MICHAEL ROSENOW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

Daytime Phone #

CR2034 (10/02)