2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S52286

1. Entity Name

RAPID TRANSFER CO

Principal Place of Business

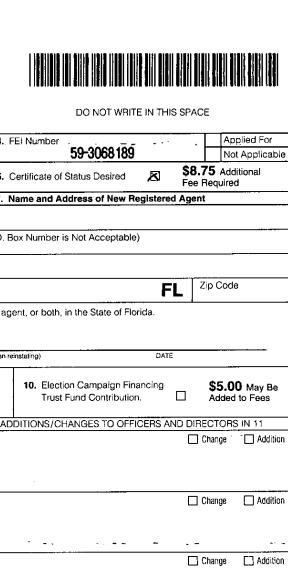
S121-ANNO-AVE 2544 lands free PO BOX 620641

Mailing Address to 400

ORLANDO EL 32819 0 7/a n do 32 8 24 ORLANDO EL 32862

FILED May 06, 2002 8:00 am Secretary of State

05-06-2002 90086 031 ***158.75



2. Principal Pi	lace of Business	3. Mailing Address								
2. Principal Place of Business 2.544 landstreet rd Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE					
400		oute, ripe in the								
Orciando Fla		_City & State		- ·	4. FEI Nu	59-3068189		No	pplied For at Applicable	
72824 Country U.S.A.		Zip Country			5. Certificate of Status Desired See Required Fee Required					
	6. Name and Address of Current Re	gistered Agent			7. Name	and Address of New R	egistered	Agent		
			Nam	e						
	A, ROBERTO J MMOCK CIRCLE		Stree	Street Address (P.O. Box Number is Not Acceptable)						
SAINT CL	OUD FL 34771		03	City — Tio Code						
			City	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										
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		\$55 0 .00	,	Election Campaign Fin Trust Fund Contribution	n.	☐ Added	0 May Be I to Fees	
11.	OFFICERS AND DI		12.		ADDITIO	NS/CHANGES TO OFF	ICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARDONA, ROBERTO J 5269 HAMMOCK CIRCLE SAINT CLOUD FL 34771	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss	÷			Change `	Addition	
TITLE NAME STREET ADDRESS "CITY-ST-ZIP"	V CARDONA, MARTHA L 5269 HAMMOCK CIRCLE 'SAINT CLOUD FL' 34771	□ Delete	TITLE NAME STREET ADDRE	1			_	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.V.V.V.V.V.V.V.V.V.V.V.V.V.V.V.V.V.V.	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS				☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE	ss				☐ Change	Addition	

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.

4-27-02 407-256-7848