

2002

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90105 033 ***150.00

DOCUMENT # *P99000093306*

1. Entity Name

R.S. Property Ventures, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1017 Union Street

Suite, Apt. #, etc.

3. Mailing Address

1017 Union Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

65-0965729

Applied For

Not Applicable

Zip

33755

Country

USA

Zip

33755

Country

*USA*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

Anastasia Booth

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

1017 Union Street

City

Clearwater

FL

Zip Code

33755

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)**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	<i>P</i>
NAME	<i>Kazarius Paskalidis</i>
STREET ADDRESS	<i>40 Baywood Drive</i>
CITY-ST-ZIP	<i>Palm Harbor, FL 34683</i>

TITLE	<i>VP</i>
NAME	<i>Steven Booth</i>
STREET ADDRESS	<i>1017 Union Street</i>
CITY-ST-ZIP	<i>Clearwater, FL 33755</i>

TITLE	<i>S</i>
NAME	<i>Anastasia Booth</i>
STREET ADDRESS	<i>1017 Union Street</i>
CITY-ST-ZIP	<i>Clearwater, FL 33755</i>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: *Anastasia Booth (Anastasia Booth)* *2/20/02* *813-309-7407*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)