2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State
07-26-2000 90002 026 ***408.75
07-07-2000 90403 017 ***150.00

DOCUMENT # F51461

1. Entity Name

R. S. MARKETING, INC.

Principal Place of Business	Mailing Address
321 OKLAWAHA DR. RIVERVIEW FL 33569	P.O. BOX 901 RIVERVIEW FL 33568-0901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2132057 ☐ Applied For ☐ Not Applicable

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
SMITH, R E 921 OKLAWAHA DR. RIVERVIEW FL 33569	Name: JENNIATTE RAY Street Address (P.O. Box Number is Not Acceptable): 321 OKLAWAHA DR. City: Riverview FL. Box 901 Riverview FL 33569 FL Zip Code: 33569

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: Jenniatte Ray — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — Jenniatte Ray — DATE: 1-17-2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	**FILE NOW!!! FEE IS $150.00** ***After MAY 1, 2000 Fee will be $550.00*** **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, ROBERT E 321 OKLAWAHA DR. RIVERVIEW FL 33569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RAY, JENNIATE 321 OKLAWAHA DR RIVERVIEW FL 33569	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAY, JENNIATTE 321 OKLAWAHA DR. RIVERVIEW FL 33569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, ROBERT E 321 OKLAWAHA DR RIVERVIEW FL 33569	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRESS, SHARON 7520 DOLONITA COURT TAMPA FL 33615	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. KRESS, SHARON 7520 DOLONITA COURT TAMPA FL 33615	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

C.R2E031 (9/99)

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.

SIGNATURE: JENNIATTE RAY VP/Pres — Jenniatte Ray — 1-17-2000 — Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date