2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

FILED **DOCUMENT # H65737** Apr 27, 2000 8:00 am Secretary of State 1. Entity Name RSI OF FLORIDA, INC. 04-27-2000 90102 002 ***150.00 Mailing Address Principal Place of Business 1750 N.W. 19TH AVE. 1750 N.W. 19TH AVE. POMPANO BEACH FL 33069 POMPANO BEACH FL 33069-1648 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2574965 Not Applicable Country Country \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TEMPLE, WILLIAM C JR. Street Address (P.O. Box Number is Not Acceptable) 1750 NW 19TH AVE. POMPANO BEACH FL 33069 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ■ Addition ☐ Delete TITLE NAME NAME TEMPLE, WILLIAM C JR. STREET ADDRESS STREET ADDRESS 1750 NW 19TH AVE CITY-ST-ZIP CITY-ST-ZIP <u>POMPANO BEACH FL</u> ☐ Addition Change Delete TITLE TITLE GOSE, ROBERT W NAME STREET ADDRESS STREET ADDRESS 590 SNYDER AVE. RD 3 CITY-ST-7IP CITY-ST-ZIP W. CHESTER PA ☐ Change ☐ Addition ☐ Delete TITLE CHIODO, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 590 SNYDER AVE, RD 3 CITY-ST-ZIP CITY-ST-ZIP WEST CHESTER PA Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 divisee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if