2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 17, 2002 8:00 am Secretary of State H65737 DOCUMENT # 1. Entity Name 04-17-2002 90012 011 ***150 00 RSI OF FLORIDA, INC. Principal Place of Business Mailing Address 1750 N.W. 19TH AVE. 1750 N.W. 19TH AVE. POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2574965 Not Applicable Country \$8.75 Additional Zip Country Zip :_ _ _ 5. Certificate of Status Desired 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 FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Change TITLE □ Delete temple, William C Jr. NAME NAME 1750 NW 19TH AVE STREET ADDRESS STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE CHIODO, MICHAEL NAME NAME 590 SNYDER AVE, RD 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -West Chester PA - -CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete 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 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.

FILED