

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90135 002 ***150.00

DOCUMENT # **J21461**

1. Entity Name
RONSUE CORPORATION



Principal Place of Business
**9005 SOUTHERN BLVD.
WEST PALM BEACH FL 33411
US**

Mailing Address
**9005 SOUTHERN BLVD
171 BOBWHITE ROAD
WEST PALM BEACH FL 33411-3625
US**



2. Principal Place of Business
171 Bobwhite Rd

3. Mailing Address
171 Bobwhite Rd

Suite, Apt. #, etc.
#

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Royal Palm Beach FL

City & State
Royal Palm Beach FL

4. FEI Number **59-2701069**

Applied For
Not Applicable

Zip Country
33411-1734 USA

Zip Country
33411-1734 USA

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

**BROWN, RONALD D.
171 BOBWHITE ROAD
ROYAL PALM BEACH FL 33411**

Name
Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, RONALD D. 8711 TREASURE CAY WEST PALM BEACH FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, SUSAN J. 171 BOBWHITE ROAD ROYAL PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARVEY, ROBERT B 14841-- 97TH RD NORTH WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 3/11/03 Date 561-7234339 Daytime Phone #

CR2E034 (10/02)