2002 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2002 8:00 am DOCUMENT # J33312 Secretary of State 1. Entity Name 02-19-2002 90032 028 ***150 00 R S SUPPLY, INC. Principal Place of Business Mailing Address 10416 SPARGE STREET 10416 SPARGE STREET **PORT RICHEY FL 34668-2139** PORT RICHEY FL 34668-2139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2715108 Not Applicable Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPTARU, EZACK Street Address (P.O. Box Number is Not Acceptable) 10416 SPARGE STREET PORT RICHEY FL 34668 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 4 12. ☐ Addition ☐ Delete ☐ Change TITLE NAME SPTARU, EZACK NAME STREET ADDRESS STREET ADDRESS 1705 VIRGINIA AVENUE CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL Addition Delete TITLE TITLE Sptaru, Leor Sptaru Leor 966 Vnily View DR PALM HARBOR FL 34684 766 VALLEY VIEW DR PALM NARBOR FL 34684 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HeINISCH, Christopher Juchange Heinisch, Christopher J Delete 1413 WATER MILL CIR Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 Addition ☐ Delete TITLE Sptaru, EDNA 1705 VIRGINIA AVE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED