

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J47136

1. Entity Name

RCS AND ASSOCAITES, INC.

FILED

Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90079 048 ***150.00

Principal Place of Business

Mailing Address

% ROBERT C. SMITH
4494 FOXCHASE DRIVE
ORLANDO FL 32812

% ROBERT C. SMITH
4494 FOXCHASE DRIVE
ORLANDO FL 32812-3292

2. Principal Place of Business

3. Mailing Address

1033 SHEELER HILLS DR

1033 SHEELER HILLS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
APOPKA FL

City & State
APOPKA FL

4. FEI Number 59-2746059

Applied For
Not Applicable

Zip Country
32703 U.S.

Zip Country
32703 U.S.

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, ROBERT C.
4494 FOXCHASE DRIVE
ORLANDO FL 32812

Name

Street Address (P.O. Box Number is Not Acceptable)

1033 SHEELER HILLS DR

City

APOPKA

FL

Zip Code

32703

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 DP
NAME SMITH, ROBERT C.
STREET ADDRESS 4494 FOXCHASE DR
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1033 SHEELER HILLS DR
CITY-ST-ZIP APOPKA, FL. 32703

TITLE ☒ Change ☐ Addition
NAME ROBERT C. SMITH, JR.
STREET ADDRESS 1033 SHEELER HILLS DR
CITY-ST-ZIP APOPKA, FL. 32703 ☐ Delete

TITLE ☐ Change ☒ Addition
NAME U.P.
STREET ADDRESS ROBERT C. SMITH, JR.
CITY-ST-ZIP 1033 SHEELER HILLS DR
APOPKA, FL. 32703

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Robert C. Smith, President

4-10-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)