## **2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # K03989** 1. Entity Name Pri 4900 BRA

## FILED Mar 08, 2001 8:00 am Secretary of State

| RSK GROUP, INC.                               |                 |   |   |                      |                               |                             | C   | 3-08-2001   | 90116 037   | ***150                      | .00                     |
|---|-----------------|---|---|----------------------|-------------------------------|-----------------------------|---|---|-------------|-----------------------------|-------------------------|
| Principal Plac<br>4900 MANATEE<br>BRADENTON F | AVE., WEST      |   | Mailing Address 4900 MANATEE AVE., WEST.    \$101 BRADENTON FL 34239                                      |                      |                               |                             |   |   |             |                             |                         |
| 2. Principal P                                | lace of Busin   | ness  | 3. Mailing Address  |                      |                               |                             |   |   |             |                             |                         |
| Suite, Apt.                                   | #, etc.         | ······  | Suite, Apt. #, etc.   |                      |                               |                             | DO NOT WRITE IN THIS SPACE                  |   |             |                             |                         |
| City & State                                  |                 |   | City & State  |                      |                               | 4.                          | 0011110444                                  |   |             | oplied For<br>ot Applicable |                         |
| Zip Country                                   |                 | Zip   | Zip Coun  |                      | 5. Certificate of Status Desi |                             | atus Desired                                | \$9.75 Additional                                       |             |                             |                         |
|   | 6. Name         | and Address of Current I  | Registered Agent  | G                    | T                             | 7.                          | 7. Name and Address of New Registered Agent |   |             |                             |                         |
| 3400  |                 | erson f esq.<br>Amiami trail<br>34239   |   |                      | Street A                      | CALV<br>ddress (P.O.<br>LME | CONST                                       | Y. Co   | FL          | 78°9                        | 22/                     |
| SIGNATURE  9. This detpo                      | oration is elig | or printed name of registered substitution in the satisfy its Intangible and elects to do so. | the purpose of changing its  ind title if applicable.  NOTE  FILE NOW!  After MAY 1, 20  Make Check Payab | Registere            | d Agent signatu               | ore required when 00 550.00 | reinstating)                                | the State of Flo<br>E<br>Campaign Fin<br>nd Contributio | DATE DATE   |                             | <b>0</b> May Be to Fees |
| 11.   |                 | OFFICERS AND I  |   | 12.                  |                               |                             | <br>DDITIONS/CHAI                           | NGES TO OFF   | ICERS AND D | IRECTORS                    | 3 IN 11                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP         | P.O. BOX        | RG, PETER<br>15092 N/A<br>TA FL 34277   | Qelete  | TITL<br>NAM<br>STRS  |                               |                             | EKT (<br>2-49:<br>METO                      |   |             |                             | Addition                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP         |                 |   | ☐ Delete  |                      |                               |                             |   |   | Ţ           | 1 Change                    | Addition                |
| NAME STREET ADDRESS CITY-ST-ZIP               |                 |   | Delete.   | NAM<br>STRE          |                               |                             |   |   |             | _ Change                    | Addition                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP         |                 |   | ☐ Delete  |                      |                               | i                           |   |   |             | ☐ Change                    | Addition                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP         |                 |   | ☐ Dølete  |                      |                               |                             |   |   | C           | ] Change                    | Addition                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP         |                 |   | ☐ Delete  | TITLI<br>NAM<br>STRE |                               |                             |   |   | C           | Change                      | Addition                |

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 to stee 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 the empowered.

SIGNATURE: