

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90004 032 ****61.25

DOCUMENT # N00000006473

1. Entity Name

RESIDENTIAL ASSISTANCE SERVICES, INC.

Principal Place of Business

**1209 DELAWARE AVE
FORT PIERCE FL 34950**

Mailing Address

**232 S.W. PAAR DRIVE
PORT ST. LUCIE FL 34953**

2. Principal Place of Business

232 SW Paar Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Port St. Lucie FL

City & State

Zip

34953

Country

USA

Country

4. FEI Number

65-1115885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ORMAN, ROBERT J
1209 DELAWARE AVE
FORT PIERCE FL 34950**

7. Name and Address of New Registered Agent

Name

JOHN F. TURNER

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

232 SW Paar Drive

City

Port St. Lucie

FL

Zip Code

34953

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

John F. Turner

John F. Turner

2-21-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP TURNER, JOHN F 606 NORTH US HWY #1 FORT PIERCE FL 34950 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT CARTER, LINDA K 606 NORTH US HWY #1 FORT PIERCE FL 34950 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS BONGARD, ROBERT L 606 NORTH US HWY #1 FORT PIERCE FL 34950 <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 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 617, 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:

John F. Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Turner

2/19/02

561-336-9859

Date

Daytime Phone #

CR2E037 (9/01)