

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90637 044 ***150.00

DOCUMENT # **P 0000000 7787** ✓
 1. Entity Name
RSC Services, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business **11925 Collier Blvd #202**
 Suite, Apt. #, etc. **# 202**
 City & State **NAPLES, FL**
 Zip **34116** Country **USA**

3. Mailing Address **SAME**
 Suite, Apt. #, etc.
 City & State **34116**
 Zip Country

4. FEI Number **65-0981419** ☒ Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Ralph Ciancia
3568 15th Ave. S.W.
NAPLES, FL 34117

7. Name and Address of New Registered Agent
 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.
 SIGNATURE **Ralph J. Ciancia - Ralph Ciancia, Pres** DATE **5/7/01**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-nesting)

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, 2001 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

TITLE	PRES/Sec/Treas	<input type="checkbox"/> Delete
NAME	RALPH CIANCIA	
STREET ADDRESS	3568 15 Ave S.W.	
CITY-ST-ZIP	NAPLES, FL 34117	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHARON R. CIANCIA	
STREET ADDRESS	3568 15 Ave S.W.	
CITY-ST-ZIP	NAPLES, FL 34117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **Ralph J. Ciancia - Ralph Ciancia** DATE **5/7/01** DAYTIME PHONE # **941-643-8099**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)