2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000026631 1. Entity Name RSD INSURANCE SERVICES, INC.

FILED Apr 05, 2001 8:00 am Secretary of State 04-05-2001 90444 040 ***150.00

(See criteria on back)			
City & State City & State Country Country Country Country Country Country Country Country Country See Required 5. Certificate of Status Desired \$8.75 Additional Fee Required To 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 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (Gee 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33614 Country 5. Certificate of Status Desired \$8.75 Additional Fee Required FOR This corporation is eligible to satisfy its Intangible Added to Fees Tampa FL 33614 City STREET ADDRESS CITY-ST-ZIP Applied FC Not Applied FC Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 10. Election Campaign Financing Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees Added to Fees Trust Fund Contribution Added to Fees Added to Fees Trust Fund Contribution Contributio			
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 SIGNATURE Signature, typeed or printed name of registered agent and title if applicable. FILE NOW!! FE IS \$150.00 After MAY 1, 2001 Fee will be \$350.00 Make Check Payable to Department of State 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. SIGNATURE SIGNATURE Signature, typeed or printed name of registered agent and title if applicable. FILE NOW!! FE IS \$150.00 After MAY 1, 2001 Fee will be \$350.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS IT. SIGNATURE SIREET ADDRESS SITHET ADDRESS			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	Addition		

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 a address, with all other like enpowered.

SIGNATURE:

AND TYPED OF PRINTED NAME PRESIDENT