

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000028305
 1. Entity Name
R SOLUTIONS INC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 NOV 21 PM 4:50

Principal Place of Business Mailing Address
4575 VIA ROYALE **4575 VIA ROYALE**
Suite 209 **Suite 209**
FT. MYERS, FL 33919 **FT. MYERS, FL 33919**

2. Principal Place of Business 3. Mailing Address
4575 VIA ROYALE **4575 VIA ROYALE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
209 **209**

City & State City & State
FT MYERS FL **FT MYERS FL**
 Zip Country Zip Country
33919 **USA** **33919** **USA**

4. FEI Number Applied For
59-3632612 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
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name **Gus Saitoff**
 Street Address (P.O. Box Number is Not Acceptable)
1815 NW 6TH ST
 City **CAPE CORAL** **FL** Zip Code **33909**

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]** **MANAGER** **10-22-2001**
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. ☐
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS GIRMARDIN	NAME	300004711273--2
STREET ADDRESS	4820 BAYSHORE DRIVE # F	STREET ADDRESS	-12/06/01--01034--006
CITY-ST-ZIP	NAPLES FL 34102	CITY-ST-ZIP	***185.00 ***185.00
TITLE	DIRECTOR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK FORSTEIN	NAME	
STREET ADDRESS	17038 WEST DIXIE HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **[Signature]** **10-22-2001 954-455-1600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Corporate Phone #

CR2E034 (11/00)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : R SOLUTIONS
2. The mailing address of the corporation : 4575 VIA ROYALE
3. Date of incorporation/qualification: 3/20/2000 Document number: P00000028305
4. The name and address of the current registered agent and office:
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
GUS SAVLOFF
4575 VIA ROYALE SUITE 209
FORT MYERS, FL 33919

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

9-22-2001
(Date)

MARK FORSTEIN DIRECTOR
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]
(Signature of Registered Agent)

10-22-2001
(Date)

If signing on behalf of an entity:

Gus Savloff
(Typed or Printed Name)

MANAGER
(Capacity)

*** FILING FEE: \$35.00 ***