

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended

02 JUL -2 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 94628
1. Entity Name *RSI Energy, Inc*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *5911 Benjamin Center Dr.* 3. Mailing Address *5911 Benjamin Center Dr.*
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *Tampa* City & State *Tampa* 4. FEI Number *59-3711274* Applied For Not Applicable
Zip *33634* Country *USA* Zip *33634* Country *USA* 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name *Joseph P. Alonge*
Street Address (P.O. Box Number is Not Acceptable) *6105 Galleon Way*
City *Tampa* FL Zip Code *33615*

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 _____ DATE _____
Signature, typewritten or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>President Joseph P. Alonge 6105 Galleon Way Tampa FL 33615</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Rolph Mann 870 cobblestone Dr. Tampa FL 33615</i>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Rolph Mann* Date *6-25-02* 813 249-0828 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)