

**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.
Suite, Apt. #, etc.

3. Mailing Address
5911 Benjamin Center Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa
Zip
33634
Country
USA
Hillsborough

4. FEI Number
59-371274
Applied For
Not Applicable

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**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
*President
Joseph P. Alonge
6105 Galleon Way
Tampa FL 33615*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*700006229477--5
-07/05/02--01070--017
*****61.25 *****61.25*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Vice President
Rolph Mann
870 cobblestone Dr.
Tampa FL 33615*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

CR2E034B (12/01)