

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90194 018 ***150.00

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DOCUMENT # P00000094628

1. Entity Name

RSI ENERGY INC.



Principal Place of Business
**5911 BENJAMIN CENTER DR.
TAMPA FL 33634**

Mailing Address
**5911 BENJAMIN CENTER DR.
TAMPA FL 33634**

2. Principal Place of Business

5424 56th Commerce Park Blvd

3. Mailing Address

5424 56th Commerce Park Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33610

Country

USA

Zip

33610

Country

USA

4. FEI Number **59-3711274**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ALONGE, JOSEPH
6105 GALLEON WAY
TAMPA FL 33615**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ALONGE, JOSEPH**
STREET ADDRESS **6105 GALLEON WAY**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **VP** ☐ Delete
NAME **MANN, RALPH**
STREET ADDRESS **8710 COBBLESTONE DR.**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 813-627-974
Date Daytime Phone #

CR2E034 (10/02)