FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90144 001 *****8.75
05-06-2003 90144 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000030796

55038039

1. Entity Name
R AND C INT DESIGNS INC.

Principal Place of Business	Mailing Address
5079 W. BEAVER JACKSONVILLE, FL 32254	4090 HODGES BLVD. SUITE 810 JACKSONVILLE, FL 32224

2. Principal Place of Business	3. Mailing Address
4541 OLD St Augustine RD	4541 OLD St Augustine RD
Suite, Apt. #, etc. 9	Suite, Apt. #, etc. 9
City & State Jacksonville. Fl	City & State Jacksonville. Fl
Zip / Country DUVAL	Zip / Country DUVAL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1095606 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIRKOVICH, ROSE
761 SW 113TH WAY
PEMBROKE PINES, FL 33025

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

SIGNATURE Rose Chirkovich 5-1-03
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHIRKOVICH, ROSE 4090 HODGES BLVD. #810 JACKSONVILLE, FL 32224 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. ROSE CHIRKOVICH 4541 OLD St Augustine RD Jacksonville. Fl 32207 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ALEXSANDAR CHIRKOVICH 4541 OLD St Augustine RD Jacksonville. Fl 32207 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Rose Chirkovich 5-1-03 904-759-1814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #