

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

07-18-2002 90128 043 \*\*\*150.00

**DOCUMENT # P01000055039**

1. Entity Name  
**RPS MANAGEMENT OF SOUTH FLORIDA, INC.**

Principal Place of Business

**820 - 15TH STREET N.W.  
 NAPLES FL 34120**

Mailing Address

**820 - 15TH STREET N.W.  
 NAPLES FL 34120**

1 4 4 0 3 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**820 15TH St. NW**

3. Mailing Address

**820 15TH St. NW**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Naples FL**

City & State

**Naples FL**

4. FEI Number

**593727414**

Applied For

Not Applicable

Zip  
**34120**

Country  
**USA**

Zip  
**34120**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WHATLEY, ELAINE B  
 3136 - 52ND TERRACE S.W.  
 NAPLES FL 34116**

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

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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **MCALDER, RICKY J**  
 CITY-ST-ZIP **820 - 15TH STREET N.W.  
 NAPLES FL 34120**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **MCALDER, CHRISTINA L**  
 CITY-ST-ZIP **820 - 15TH STREET N.W.  
 NAPLES FL 34120**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICKY J. MCALDER 7/15/02 239-860-9651**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment PO1000055039  
122056

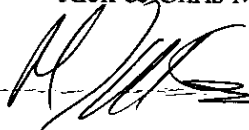
Dear Jo

Per our conversation enclosed please find our check for \$150.00 and Uniform Business Report. This is our first notice of this requirement.

Our business is service related and has no assets, we don't think we owe any intangible taxes, please let us know if we do. We're new at this, thank you for your assistance.

Best Regards

Rick & Chris McAleer

A handwritten signature in dark ink, appearing to read "Chris McAleer", written over a horizontal line.

Chris McAleer