

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90042 004 ***211.25

DOCUMENT #

1. Entity Name

RS & L Group Inc

PO1000100425

DO NOT WRITE IN THIS SPACE

427697

2. Principal Place of Business

2511 W Columbus Dr

Suite, Apt. #, etc.

3. Mailing Address

712 W ADALEE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

Zip

33607

Country

US

City & State

Tampa FL

Zip

33603

Country

US

4. FEI Number

593757643

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ronald Brown

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

712 W ADALEE

City

Tampa

FL

Zip Code

33603

**DO NOT WRITE
IN THIS SPACE**

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

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$67.25

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
RONALD DENNIS BROWN
712 W ADALEE
Tampa FL 33603

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/MD
SEAN CANCELLIERE
712 W ADALEE
Tampa FL 33603

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ORLANDO FAEDO
2919 HEITER ST
Tampa FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
JESSICA BROWN
808 S CURSON AVE #3
LA CA 90084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #