UN	IFORM BUSINES	SS REPORT	(UBR)						
DOCUMENT # P01000119947  1. Entity Name					FILED				
rsb fina	NCIAL SERVICES INC.			03 NOV -6 PM 4: 25					
Principal Place of Business Mailing Address 255 S. ORANGE AVE 5703 RED BUG LAKE RD				SECHETARY OF STATE TALLAHASSEE. FLORIDA					
SUITE 1501. CITRUS CENTER #226 ORLANDO FL 32801 WINTER SPRINGS FL								<b>.</b> 11   <b>13   13   1</b> 3   14   15   15   15   15   15   15   15	
2. Principal F	Place of Business	(UINDELLES	ë k	)	#101  {{	<u> </u>			
Suite, Apt. #, etc. Suite, Apt. #, etc.					REINSTATEN	HAI	NØES		
City & Star		Odano FZ			4. FEI Number 03-0432356			piled roi t Applicable	
Zi\$ 	Country	32036	Country		5. Certificate of Status Desired	Fee R	5 Addi		
	6. Name and Address of Current Re	gistered Agent	Name		7. Name and Address of New Rec	listered Agent			
GIANETTO	), CHARLES ESQ.		Street Add	ress (P.	O. Box Number is Not Acceptable)				
<del>-5703 RED</del> - <del>#226</del> #1 €	), charles esu.   <del>Bug Lake RD.                                   </del>	OY WINDERMER	F AD.			<del>-</del>			
WINTER SPRINGS FL 32708 ORLANDO, FL. 32835 City FL Zip Code									
8. The above	named entity submits this statement for t	he purpose of changing its re	L egistered office or re	egistered	d agent, or both, in the State of Florid		r with, a	and accept	
	tions of registered agent.	A			8/12/0-	>			
SIGNATURE	engriature, typed or printed name affects stood agent and	Little if applicable A Company	Registeren Agent signature i	required w	rhen reinstating)	DATE			
	ILE NOW!!! FEE IS \$550.00				9. Election Campaign Finar	icing	\$5.00	May Be	
After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State					Trust Fund Contribution.			to Fees	
10.	OFFICERS AND DI		11.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS	IN 11	
title Name	CEO NEILS, SCOTT R	Delete	TITLE NAME			□ c	nange	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	5703 RED BUG LAKE ROAD WINTER SPRINGS FL 32708		STREET ADDRESS CITY-ST-ZIP		<b>6000244</b> 7 11/06/0301024	'6586 )15 **75	50.00	)	
TITLE NAME	DIR SALISBURY, ROY Y	Delete	TITLE NAME			□ c	nange	☐ Addition	
STREET ADDRESS	5703 RED BUG LAKE ROAD	I	STREET ADDRESS						
CITY-ST-ZIP	WINTER SPRINGS FL 32708	Пъ	CITY-ST-ZIP					Addition	
TITLE NAME	GIANNETTO, CHARLES ESQ.	☐ Delete ~	TITLE NAME	<i>a</i>		□ CI	lanye	☐ Addition	
STREET ADDRESS	6703 RED BUG LAKE ROAD 8815 WINTER SPRINGS FL 32708 OK	CONROY WIND	CITY-ST-ZIP 32	RD	-				
TITLE	THINGS TO SELLO A PA	Delete	TITLE		<u> </u>		nange	Addition	
NAME			NAME			_	-	_	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					j	
TITLE		☐ Dalete	TITLE			□ cı	nange	Addition	
NAME STREET ADDRESS			NAME Street address						
CITY-ST-ZIP			CITY-ST-ZIP				•		
ITLE IAME		☐ Delete	TITLE NAME		•	□ cr	iange	Addition	
STREET ADDRESS		ļ	STREET ADDRESS						

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 OF AND TYPED VALUE OF SIGNING OFFICER OR DIRECTOR TO

**2003 FOR PROFIT CORPORATION** 

8/12/03

407 649-8325 X 10 6

Daytime Phone #

447

CR2E034 (4/