

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

07-21-2003 90132 020 \*\*\*150.00

7/2

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #	P02000047571
1. Entity Name	RS ASSET MANAGEMENT INC.



Principal Place of Business 4104 GLENMOOR DRIVE WEST PALM BEACH FL 33409	Mailing Address 4104 GLENMOOR DRIVE WEST PALM BEACH FL 33409
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55053260

2. Principal Place of Business 4104 GLENMOOR DR	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State W. Palm Beach FL	City & State
Zip 33409	Country Palm Bch

4. FEI Number 01-0678866	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

SHELLEY, R. SCOTT  
224 DATURA STREET STE 1214  
WEST PALM BEACH FL 33401

**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 reappointing)

DATE

7/15/03

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/> \$5.00 May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHELLEY, R. SCOTT	
STREET ADDRESS	224 DATURA STREET STE 1214	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. SCOTT SHELLEY	
STREET ADDRESS	4104 GLENMOOR DR	
CITY-ST-ZIP	West Palm Bch FL 33409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/03

Date

561 8895166

Daytime Phone #

CR2E034 (4/03)

Attachment

7-15-2003


R.S. Asset Management Inc.  
4104 Glenmoor Drive  
West Palm Beach, FL 33409

RE: Uniform Business Report

Div. Of Corporations,

As of last week I received requested form to file our Uniform Business Report for the first time. The company has been operating at this address since last August when a change of address was filed with your office yet this is the first time receiving this form. Per the instructions in the booklet I have completed the form and am returning it with the original required fee of \$150.00. I have made a note in our corporate books so as not to have this confusion next year.

I appreciate your understanding and thank you.

  
R. Scott Shelley  
President

Please reprocess.  
I HAVE SPOKEN to the  
DIV. of Corp AND my  
original Filing Fee will  
BE ACCEPTABLE without  
Penalty. Also check to  
ENSURE TAX ID # IS  
Correct. THANK YOU.

55053240  
#P02000047571