

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04/9713 AV

DOCUMENT # P93000012927

1. Entity Name  
RSI REALTY, INC.FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 24 PM 2:17

Principal Place of Business  
539 173RD AVE  
NORTH REDINGTON BEACH FL 33708  
USMailing Address  
539 173RD AVE  
NORTH REDINGTON BEACH FL 33708  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 59-3179854

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

BUSSE, ERIC S  
539 173RD AVE  
NORTH REDINGTON BEACH FL 33708

Name

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

300023313433

09/24/03--01079--016 \*\*750.00

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. FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State9. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	BUSSE, ERIC S	539 173RD AVE	NORTH REDINGTON BEACH FL 33708				

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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)