

UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90105 043 ***150.00

DOCUMENT # P93000064372

1. Entity Name
RSR INTERNATIONAL, INC.

Principal Place of Business Mailing Address
 15631 IDALIA DRIVE 15631 IDALIA DRIVE
 ALVA FL 33920 ALVA FL 33920-3450
 US US

2. Principal Place of Business 3. Mailing Address
5461 SE Maricamp Rd PO Box 831132
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Ocala FL Ocala FL
 City & State City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0445004** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

34480 Country **Marion** Zip **34483-1132** Country **Marion**

6. Name and Address of Current Registered Agent

LOPEZ, RALPH
 15631 IDALIA DR
 ALVA FL 33920

7. Name and Address of New Registered Agent

Name **Ralph Lopez**
 Street Address (P.O. Box Number is Not Acceptable)
5461 SE Maricamp Road
 City **Ocala FL** Zip Code **FL 34480**

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 **Ralph Lopez** *[Signature]* DATE **01/13/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2000 Fee will be \$550.00
 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST LOPEZ, RALPH 15631 IDALIA DR ALVA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RALPH LOPEZ 5461 SE Maricamp Rd. Ocala FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, RALPH 15631 IDALIA DR ALVA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V S T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sandra Lopez 5461 SE Maricamp Rd. Ocala FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Sandra Lopez** *[Signature]* DATE **01/13/00** 352-624-4222
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)