

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90113 046 ***150.00

DOCUMENT # P94000065523

1. Entity Name
RCG HOLDINGS, INC.



Principal Place of Business
9471 BAYMEADOWS ROAD
SUITE 403
JACKSONVILLE FL 32256

Mailing Address
9471 BAYMEADOWS ROAD
SUITE 403
JACKSONVILLE FL 32256

90003101



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
4141 Southpoint Dr. E

Suite, Apt. #, etc.
**4141 Southpoint Dr. E
Ste B**

☐ CHECK HERE IF MAKING CHANGES

City & State
**Ste B
Jacksonville, FL 32216**

City & State
Jacksonville, FL 32216

FBI Number
59-3265694

Applied For
Not Applicable

Zip
USA

Zip
USA

5. 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

SILVERFIELD, GARY D
9471 BAYMEADOWS ROAD
SUITE 403
JACKSONVILLE FL 32256

Name **Same**
Street Address (P.O. Box Number is Not Acceptable)
**4141 Southpoint Dr. E
Ste B
Jacksonville, FL 32216**
City
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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. 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	VPST SILVERFIELD, GARY D 9471 BAYMEADOWS ROAD STE. 403 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ATKERSON, CHARLES F 9471 BAYMEADOWS ROAD STE. 403 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRIBB, REMBERT 9471 BAYMEADOWS ROAD STE. 403 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	4141 Southpoint Dr. E Ste B Jacksonville, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4141 Southpoint Dr. E Ste B Jacksonville, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

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** **Gary D. Silverfield** **1/14/03** **(904) 332-7099**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #