

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000015662

1. Entity Name

RS ELECTRONICS, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90041 043 ***150.00

Principal Place of Business

15519 US HIGHWAY 441
SUITE 204B
EUSTIS FL 32726
US

Mailing Address

150 E. CHARLOTTE AVE.
EUSTIS FL 32726
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

15519 US Highway 441

SUITE 204B

EUSTIS

FL

32726

4. FEI Number

59-3306092

Applied For

Not Applicable

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

NOTHSTINE, MARK A
150 E. CHARLOTTE AVE.
EUSTIS FL

Name

MARK A NOTHSTINE

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

1212 DORIS AVE

City

TAVARES

FL

Zip Code

32778

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

MARK A. NOTHSTINE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVS
NAME NOTHSTINE, MARK A
STREET ADDRESS 150 E. CHARLOTTE AVE.
CITY-ST-ZIP EUSTIS FL

☐ Delete

TITLE PT
NAME NOTHSTINE, JILL I.
STREET ADDRESS 150 E. CHARLOTTE AVENUE
CITY-ST-ZIP EUSTIS FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE DP
NAME MARK A NOTHSTINE
STREET ADDRESS 1212 DORIS AVENUE
CITY-ST-ZIP TAVARES, FL 32778

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

MARK A NOTHSTINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/01

Daytime Phone #

352-483-2306

CR2E034 (10/00)