2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P95000018725

1. Entity Name

R. S. K. ASSOCIATES, INC.

ı	SO WE !

Principal Place of 8018 SE WOODI HOBE SOUND F US	LAKE LN	Mailing Address 8018 SE WOODKLAKE L HOBE SOUND FL 33455 US	N			
2. Principal Plac	ce of Business	3. Mailing Address	3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKI	
City & State		City & State	City & State		4. FEI Number 22-2893891	
Zip	Country	Zip Country		5. Certificate of Status Desir	ed 🗌	
	6. Name and Address of Cur	rrent Registered Agent	Name		7. Name and Address of No	w Registere
	HARD S DODLAKE LANE ND FL 33455				Street Address (P.O. Box Number is Not Acceptable)	
				City		F
the obligation	amed entity submits this statemins of registered agent. gnature, typed or printed name of registered				stered agent, or both, in the State of	f Florida. I an
After M	E NOW!!! FEE IS \$150.00 lay 1, 2003 Fee will be \$550 ayable to Florida Departme	0.00			9. Election Campaig Trust Fund Contrib	
10. OFFICERS ANI		AND DIRECTORS	11.		ADDITIONS/CHANGES TO	OFFICERS AN
STREET ADDRESS 8) KELLY, RICHARD S 1018 SE WOODLAKE LN HOBE SOUND FL	☐ Delete				

FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90203 030 ***150.00



7. Name and Address	of New Registered Agent
Name	
Street Address (P.O. Box Number is Not A	cceptable)
City	FL Zip Code

I am familiar with, and accept

\$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	D Delete KELLY, RICHARD S 8018 SE WOODLAKE LN HOBE SOUND FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

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: