## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P9500058257 Feb 03, 2000 8:00 am **Secretary of State** RSC INSURANCE AGENCY, INC. 02-03-2000 90018 016 \*\*\*150.00 Mailing Address Principal Place of Business 9840 INTERNATIONAL DRIVE 9840 INTERNATIONAL DRIVE ORLANDO FL 32819 ORLANDO FL 32819-8111 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3325476 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SANTOS, FRANK A. Street Address (P.O. Box Number is Not Acceptable) 9840 INTERNATIONAL DRIVE ORLANDO FL 32819 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition Delete TITLE TITLE COX, ROBERT L. NAME NAME 9840 INTERNATINAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Addition XX Change ☐ Delete TITLE **PST** TITLE SANTOS, FRANK A. NAME Santos, Frank A. 9840 INTERNATIONAL DRIVE STREET ADDRESS STREET ADDRESS 9840 International Drive ORLANDO FL CITY-ST-ZIP CITY-ST-ZIE Orlando, FL 32819 \_\_\_\_Addition\_ TITLE \_ .Delete ∻ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of 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 a other like empowered.

Frank Santos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

407 998-9840

Daytime Phone #

1/12/2000