

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068142

1. Entity Name
RRS ENTERPRISES, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90066 024 ***150.00

Principal Place of Business

12586 SEMINOLE BLVD.
LARGO FL 34648

Mailing Address

12586 SEMINOLE BLVD.
LARGO FL 34648

717077



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1915 Siesta Court
Suite, Apt. #, etc.

3. Mailing Address

1915 Siesta Ct
Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number 59-3339095

Applied For
Not Applicable

Zip 33764 County Pinellas

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

SIMPSON, RONALD R
12586 SEMINOLE BLVD.
LARGO FL 34648

Name
Street Address (P.O. Box Number is Not Acceptable)
1915 Siesta Court
City Clearwater FL Zip 33764

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 Ronald R Simpson DATE 2-12-01
(NOTE: Registered Agent signature required when reinstating)

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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SIMPSON, RONALD R	
STREET ADDRESS	11015 128TH AVENUE NORTH	
CITY-ST-ZIP	LARGO FL 34648	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1915 Siesta Ct	
CITY-ST-ZIP	Clearwater, FL 33764	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	END E SIMPSON	
STREET ADDRESS	1915 Siesta Ct	
CITY-ST-ZIP	Clearwater, FL 33764	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 filers empowered.

SIGNATURE: Ronald R Simpson DATE 2-12-01 DAYTIME PHONE # 727-535-2147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)