

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90113 035 \*\*\*150.00

**DOCUMENT # P95000080435**

1. Entity Name  
**RTS ENTERPRISES INC.**

Principal Place of Business <b>16310 US 19 NORTH          STE 6          HUDSON FL 34667          US</b>	Mailing Address <b>16310 US 19 NORTH          STE 6          HUDSON FL 34667          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>15153 Kittrell Dr</b>	3. Mailing Address <b>15153 Kittrell Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Spring Hill, FL</b>	City & State <b>Spring Hill, FL</b>
Zip <b>34610</b>	Zip <b>34610</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>58-2194043</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RUSSELL, JAMES D  
 15153 KITTRELL DR.  
 SPRING HILL FL 34610**

**7. Name and Address of New Registered Agent**

Name **Russell James D**  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RUSSELL, JAMES D</b> <b>16310 US 19 N STE 6</b> <b>HUDSON FL 34667</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Russell James D.</b> <b>15153 Kittrell Dr</b> <b>Spring Hill, FL 34610</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-14-01** 727  
 Daytime Phone # **856-7564**

CR2E034 (10/00)