2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000042574

1. Entity Name

RESIDENTIAL CONSUMER SERVICES, INC.

Principal Place of Business 2729 W FAIRBANK\$ AVE WINTER PARK FL 32789

Suite, Apt. #, etc.

2. Principal Place of Business

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

2729 W FAIRBANKS AVE WINTER PARK FL 32789

US

FILED May 11, 2001 8:00 am Secretary of State

05-11-2001 90098 047 ***150.00



DO NOT WRITE IN THIS SPACE

City & State City & State		City & State		4. 1	4. FEI Number 59-3383370			oplied For ot Applicable	
		Country	5. (5. Certificate of Status Desired		\$8.75 Additional Fee Required			
b. Nam	and Address of Cur	rent Registered Agent	Name	· · ·	tallie allo Address of New Hey	stereu Agen	•		
ו ואמנומח	/IMPEDI V								
				Street Address (P.O. Box Number is Not Acceptable)					
									
EN FANN	FL 32703								
			City			FI Z	ip Code	e	
			<u> </u>						
named enti	y submits this stateme	ent for the purpose of changing	its registered office or re	egistered ag	ent, or both, in the State of Florid	a.			
						DATE			
Signature, type	or printed name of registered	agent and title if applicable. (N	OTE: Registered Agent signature	required when re	mistating)				
9. This corporation is eligible to satisfy its Intangible FILE NOW!!!)	10 Election Campaign Finan	cina	ቁ ፍ በ	Λ May Bo	
Tax filing requirement and elects to do so. After MAY 1, 20							\$5.00 May Be Added to Fees		
ia on back)		☐ Make Check Pay	able to Department of	of State					
	OFFICERS A	AND DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICE	RS AND DIRI	ECTORS	3 IN 11	
D		☐ Delete	TITLE			X	Change	Addition	
WOODBU	JRN, BRUCE		NAME 1	WOODBUI	RN, BRUCE				
	· ·		CITY-ST-ZIP	ORLANDO), FL 32804				
D		Delete	TITLE			x x	Change	☐ Addition	
WOODBI	JRN. KIMBERLY		NAME 1	WOODBUI	RN, KIMBERLY				
		مستعم جينهن د ارس	CITY-ST-ZIP	ORLANDO), FL 32804				
		☐ Delete	TITLE		·		Change	☐ Addition	
			NAME						
			STREET ADDRESS						
			CITY-ST-ZIP						
		☐ Delete	TITLE				Change	Addition	
			NAME						
			STREET ADDRESS						
			CITY-ST-ZIP		<u> </u>				
		☐ Delete	TITLE				Change	☐ Addition	
			NAME						
			STREET ADDRESS						
			CITY-\$T-ZIP						
		☐ Delete	TITLE				Change	☐ Addition	
			NAME						
			STREET ADDRESS						
	6. Name DDBURN, K W FAIRB FER PARK Signature, typec vration is eligequirement ia on back) D WOODBL 2709 ALA APOPKA D WOODBL 2709 ALA	Country 6. Name and Address of Cur DBURN, KIMBERLY W FAIRBANKS AVE FER PARK FL 32789 named entity submits this statement signature, typed or printed name of registered oration is eligible to satisfy its Intan equirement and elects to do so, ia on back) OFFICERS, D WOODBURN, BRUCE 2709 ALAMOSA COURT APOPKA FL 32703	Country Zip. 6. Name and Address of Current Registered Agent DBURN, KIMBERLY W FAIRBANKS AVE TER PARK FL 32789 Signature, typed or printed name of registered agent and title if applicable. (Notation is eligible to satisfy its Intangible equirement and elects to do so. in a on back) OFFICERS AND DIRECTORS D	Country Country Zip Country 6. Name and Address of Current Registered Agent Name	Country Zip Country 5. Country 6. Name and Address of Current Registered Agent Name	Country Zip , Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Registered Agent Name and Address of New Registered Registe	- Country Zip Country 5, Certificate of Status Desired \$8. 6. Name and Address of Current Registered Agent Name Name	Country Zip Country S. Certificate of Status Desired Status Desired See Require To Name and Address of Current Registered Agent	

13. I hereby certify that the information suppried 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 accurate amproved 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:

BRIKE FUNDO DE LE REPRINTANTO DE SERSES DU EN EN DIRECTOR

4/30/01-

(407) 869-5184

Daytime Phone #

20/01/ +503240