

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000049407**

1. Entity Name

RSA ENTERPRISES, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90041 036 ***150.00

Principal Place of Business

Mailing Address

12950 U.S. HWY. 1
SEBASTIAN FL 3295812950 U.S. HWY. 1
SEBASTIAN FL 32958-3752

010400

2. Principal Place of Business

3. Mailing Address

9440 DOUBLOON DR

9440 DOUBLOON DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

VERO BEACH FL

VERO BEACH FL

4. FEI Number 59-3380212

Applied For
Not ApplicableZip
32963

Country

IND - RIVER

Zip
32963

Country

INDIAN RIVER

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

PARVUS, DIRK
9440 DOUBLOON DR
VERO BEACH FL 32963

Name

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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
P/T
PARVUS, DIRK
9440 DOUBLOON DR
VERO BEACH FL 32963 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S
PARVUS, BRENDA
9440 DOUBLOON DR
VERO BEACH FL 32963 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AddTITLE
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☐ DeleteTITLE
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CITY-ST-ZIP
☐ Change ☐ Add

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

1/25/00

Date

561-589-9122

Daytime Phone #