

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

UBR/300
A1

DOCUMENT # P97000014614



1. Entity Name
RGP TECHNOLOGIES INC.

03-17-2003 90656 027 ***150.00

Principal Place of Business
**1171 N FOXRUN TERRACE
INVERNESS FL 34453**

Mailing Address
**PO BOX 079
DEL MAR CA 92014-0073**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 557
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
SOLANA BEACH CA

4. FEI Number **59-3437027**

Applied For
Not Applicable

Zip **92075** Country **USA**

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

PRICE, SEAN G
1171 N FOXRUN TERRACE
INVERNESS FL 34453

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S <input type="checkbox"/> Delete
NAME	PRICE, SEAN G
STREET ADDRESS	1171 N FOXRUN TERRACE
CITY-ST-ZIP	INVERNESS FL 34453
TITLE	CEO <input type="checkbox"/> Delete
NAME	PRICE, R
STREET ADDRESS	1171 N FOXRUN TERRACE
CITY-ST-ZIP	INVERNESS FL 34453
TITLE	VP <input type="checkbox"/> Delete
NAME	PRICE, B
STREET ADDRESS	1171 N FOX RUN TERRACE
CITY-ST-ZIP	INVERNESS FL 34453
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RSIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-03
Date

Daytime Phone #

CR2E034 (10/02)