

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021751

1. Entity Name

RTS CONVERTERS, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90110 042 \*\*\*150.00

Principal Place of Business

Mailing Address

369 BLANDING BLVD.  
 UNIT 909  
 ORANGE PARK FL 32073

P.O. BOX 1318  
 MIDDLEBURG FL 32030-0438

2. Principal Place of Business

3. Mailing Address

P.O. Box 438

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Doctors Inlet, FL 32030

4. FEI Number

59-3424988

Applied For

Not Applicable

Zip

Country

Zip

Country

32030

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

REYNOLDS, RAYMOND K  
 222 HORSE TRAIL AVENUE  
 MIDDLEBURG FL 32068

Name

Street Address (P.O. Box Number is Not Acceptable)

4013 GAY ROAD

City

ORANGE PARK

FL

Zip Code

32065

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

*Raymond K Reynolds*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-17-00

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, RAYMOND K	NAME	P.O. Box 438
STREET ADDRESS	222 HORSE TRAIL AVENUE	STREET ADDRESS	Doctors Inlet, FL.
CITY-ST-ZIP	MIDDLEBURG FL 32068	CITY-ST-ZIP	32030
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, ROBIN G	NAME	P.O. Box 438
STREET ADDRESS	222 HORSE TRAIL AVENUE	STREET ADDRESS	Doctors Inlet, FL. 32030
CITY-ST-ZIP	MIDDLEBURG FL 32068	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 like empowered.

SIGNATURE:

*Robin G Reynolds*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-00

DATE

(904) 910-9182

DAYTIME PHONE #

CR2E034 (9/99)