

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0594895 AT

03-13-2002 90036 017 ***150.00

DOCUMENT # **P97000021751**

1. Entity Name
RTS CONVERTERS, INC.

Principal Place of Business
369 BLANDING BLVD.
UNIT: 909
ORANGE PARK FL 32073

Mailing Address
P.O. BOX 438
DOCTORS INLET, FL 32030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
P.O. Box 30438
 Suite, Apt. #, etc.
 City & State
 Zip Country

Doctors Inlet, FL.
32030 USA

4. FEI Number **59-3424988** Applied For
 Not Applicable

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
4013 GAY RD
ORANGE PARK FL 32065

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 *Robin Reynolds* DATE **2-26-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	P.	<input type="checkbox"/> Delete
NAME	REYNOLDS, RAYMOND K	
STREET ADDRESS	PO BOX 438	
CITY-ST-ZIP	DOCTORS INLET FL 32030	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REYNOLDS, ROBIN G	
STREET ADDRESS	PO BOX 438	
CITY-ST-ZIP	DOCTORS INLET FL 32030	
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	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raymond K Reynolds	
STREET ADDRESS	P.O. Box 30438	
CITY-ST-ZIP	Doctors Inlet, FL 32030	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robin G. Reynolds	
STREET ADDRESS	P.O. Box 30438	
CITY-ST-ZIP	Doctors Inlet, FL 32030	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Reynolds* DATE: **2-26-02** DAYTIME PHONE #: **(904) 591-4292**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)