FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 15, 2001 8:00 am Secretary of State DOCUMENT # P97000024129 1. Entity Name 05-15-2001 90148 014 ***150 00 RSB ENTERPRISES, INC. Principal Place of Business Mailing Address 1225 MUNSTER STREET 1225 MUNSTER STREET 765187 ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3433397 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUGHES, BRADLEY M Street Address (P.O. Box Number is Not Acceptable) 1225 MUNSTER STREET ORLANDO FL 32803 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition TITLE TD ☐ Delete TITLE NAME NAME HUGHES, PHYLLIS F STREET ADDRESS STREET ADDRESS 2035 COMPANERO AVENUE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 ☐ Change ☐ Addition ☐ Delete TITLE TITLE PSD NAME HUGHES, BRADLEY M NAME STREET ADDRESS STREET ADDRESS 1225 MUNSTER STREET CITY-ST-7IP CITY-ST-7IP ORLANDO FL 32803 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME HUGHES. R S STREET ADDRESS STREET ADDRESS **5 EAST VANDERBILT STREET** CITY-ST-ZIP CITY-ST-ZIE ORLANDO FL 32804 ___ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change 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 received at trustee employmental report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter for on an attachment with all other like employmental.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/30/01

401 898 698

Daytime Phone #

☐ Change

☐ Addition