

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90298 046 ***550.00

DOCUMENT # P97000024129

1. Entity Name

RSB ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1608 W. IVANHOE BLVD.

Suite, Apt. #, etc.

3. Mailing Address

1608 W. IVANHOE BLVD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
59-3433397

Applied For
Not Applicable

Zip
32804

Country
USA

Zip
32804

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
HUGHES, BRADLEY M

Street Address (P.O. Box Number is Not Acceptable)
1608 W. IVANHOE BLVD.

City
ORLANDO

FL

Zip Code
32804

DO NOT WRITE
IN THIS SPACE

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HUGHES, PHYLLIS F 2035 COMPANERO AVENUE ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD HUGHES, BRADLEY M 1608 W. IVANHOE BLVD. ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HUGHES, R S 5 EAST VANDERBILT STREET ORLANDO, FL 32804
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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

BRAD M HUGHES

6/18/02

4078391846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #