

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000039191

1. Entity Name  
R & S SALES ENT., INC.



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

04-17-2003 90143 007 \*\*\*150.00

0171280  
AV

Principal Place of Business  
14980 BEL AIRE DRIVE SOUTH  
PEMBROKE PINES FL 33027

Mailing Address  
14980 BEL AIRE DRIVE SOUTH  
PEMBROKE PINES FL 33027

Principal Place of Business  
11849 NW 12 DR

Mailing Address  
11849 NW 12 DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
CORAL SPRINGS FLA

City & State  
CORAL SPRINGS FLA

Zip  
33071

Country

Zip  
33071

Country

4. FEI Number  
65-0769952

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, RANDALL M  
14980 BEL AIRE DRIVE SOUTH  
PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent

Name  
RANDALL M HILL

Street Address (P.O. Box Number is Not Acceptable)  
11849 NW 12 DR

City  
CORAL SPRINGS FLA FL  
Zip Code  
33071

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PSD  
HILL, RANDALL M  
14980 BEL AIRE DRIVE SOUTH  
PEMBROKE PINES FL 33027

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
CHIAFERY, SUSAN  
14980 BEL AIRE DRIVE SOUTH  
PEMBROKE PINES FL 33027

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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Change  Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

U-1403

Date

Daytime Phone #

CF2E034 (10/02)