

# 2000 UNIFORM BUSINESS REPORT (UBR)

6/1

FILED

Jul 07, 2000 8:00 am  
Secretary of State

06-08-2000 90030 032 \*\*\*150.00

DOCUMENT # P98000008931

1. Entity Name

RESOURCE INFORMATION SERVICES, INC.

Principal Place of Business

Mailing Address

2281 TONIWOOD LN  
PALM HARBOR, FL 34685

2. Principal Place of Business

2281 TONIWOOD LN

Suite, Apt. #, etc.

3. Mailing Address

2281 TONIWOOD LN

Suite, Apt. #, etc.

City & State  
PALM HARBOR, FL

City & State  
PALM HARBOR, FL

Zip  
34685

Country  
PINELLAS

Zip  
34685

Country  
PINELLAS

4. FEI Number

59-3489964

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEPHEN BUSSWALT  
2281 TONIWOOD LN  
PALM HARBOR, FL 34685

7. Name and Address of New Registered Agent

Name  
STEPHEN BUSSWALT

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

2281 TONIWOOD LN

City  
PALM HARBOR

FL

Zip Code  
34685

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 of agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/13/00

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

|                |  |                                 |
|----------------|--|---------------------------------|
| 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          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                              |                                                                              |
|----------------|------------------------------|------------------------------------------------------------------------------|
| TITLE          | SEC. TREASURER               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ROLAND ROBERTS               |                                                                              |
| STREET ADDRESS | P.O. Box 676                 |                                                                              |
| CITY-ST-ZIP    | CRYSTAL BEACH, FL 34681      |                                                                              |
| TITLE          | MINA BAYWOOD                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | 1147 KING ARTHUR COURT, #208 |                                                                              |
| STREET ADDRESS | DUNEDIN, FL 34698            |                                                                              |
| CITY-ST-ZIP    | PRESIDENT                    |                                                                              |
| TITLE          | STEPHEN D BUSSWALT           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | 2281 TONIWOOD LN             |                                                                              |
| STREET ADDRESS | PALM HARBOR, FL 34685        |                                                                              |
| CITY-ST-ZIP    | SAME                         |                                                                              |
| TITLE          | VICE PRESIDENT               | <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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/00 727-785-9757

Date

Daytime Phone #

CR2E034 (9/99)