

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90020 021 \*\*\*150.00

**DOCUMENT # P98000011409**

1. Entity Name  
**RSO OF FERNANDINA BEACH, INC.**

Principal Place of Business 1525 LIME STREET SUITE 120 FERNANDINA BEACH FL 32034	Mailing Address 1525 LIME STREET SUITE 120 FERNANDINA BEACH FL 32034
---	---

33283



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>33-0672389</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>HOUSEHOLDER, CHARLES - LAURA MULEVICZ</b> 1525 LIME STREET SUITE 120 FERNANDINA BEACH FL 32034				7. Name and Address of New Registered Agent Name: <b>Gerald A. Bruno, Ph.D. LAURA Mulevicz</b> Street Address (P.O. Box Number, Not Applicable) <b>AS ABOVE</b> 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: *Laura Mulevicz* (NOTE: Registered Agent signature required when reinstating) DATE: **2/22/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CU, GIL</b>		NAME		
STREET ADDRESS	<b>1525 LIME STREET, SUITE 120</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FERNANDINA BEACH FL 32034</b>		CITY-ST-ZIP		
TITLE	<b>CP</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULEVICZ, LAURA</b>		NAME		
STREET ADDRESS	<b>2323 N. TUSTIN AVENUE, SUITE N</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SANTA ANA CA 92705</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Laura Mulevicz* **LAURA Mulevicz** DATE: **2/22/01** DAYTIME PHONE #: **714/538-8048**

CR2E034 (10/00)