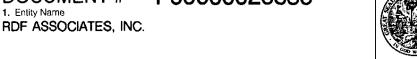
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000026586

RDF ASSOCIATES, INC.





Apr 18, 2003 8:00 am & Secretary of State **FILED**

04-18-2003 90187 022 ***150.00

Principal Place of Business 222 ECHO CIRCLE FT. WALTON BEACH FL 32548		Mailing Address 222 ECHO CIRCLE FT. WALTON BEACH FL 32548								
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2. Principal Place of Business		3. Mailing Address					T (QUI) BUT TO TOUTH POINT BEIST BUSS DUINT OUT	u 11910 b ilot uitu	19119 # 1941	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FE! Number 59-3565876 Applied For Not Applicable				
Zip	Country	Zip	` .	Country		5 . C	Certificate of Status Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registere	ed Agent			7. N	lame and Address of New Registered	Agent		
				Name	Name					
FOWNER, ROBERT D 222 ECHO CIRCLE				Street Addr	ress (P.O. Box Number is Not Acceptable)					
FT. WALTON BEACH FL 32548										
				City			F	Zip Cod	de	
	named entity submits this statement folions of registered agent.	r the purp	ose of changing its req	gistered office or reg	gistered	d age	ent, or both, in the State of Florida. I ar	n familiar with	, and accept	
SIGNATURE .			· <u>. </u>						<u></u>	
	Signature, typed or printed name of registered agent	and title if app	plicable, (NOTE: Re	egistered Agent signature re	equired w	hen rei	nstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make-Check Payable to Florida Department of State							Election Campaign Financing Trust Fund Contribution.	\$5.0 Adde	00 May Be d to Fees	
10.	OFFICERS AND	DIRECTO	PRS	11.		ADI	DITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	P FOWNER, ROBERT 222 EC HO CIRCLE FORT WALTON BEACH FL 32518	3	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOWNER, DEBORAH J 222 EC HO CIRCLE FORT WALTON BEACH FL 32544		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · ·		☐ Délete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-259-3117