2000 UNIFORM BUSINESS REPORT (UBR)

03-19-2001 90444 009 ***750.00
P99000041741

DOCUMENT # P99000041741

1. Entity Name
RSS ENTERPRISES, INC.

FILED
01 APR 13 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6782 SCHOONER BAY CIRCLE SARASOTA FL 34231-8856	6782 SCHOONER BAY CIRCLE SARASOTA FL 34231-8856

DO NOT WRITE IN THIS SPACE
REINSTATEMENT

2. Principal Place of Business	3. Mailing Address
1226 S. 10th Street Suite, Apt. #, etc.	1226 S. 10th Street Suite, Apt. #, etc.
City & State: St. Charles, IL	City & State: St. Charles, IL
Zip: 60174 Country: USA	Zip: 60174 Country: USA

4. FEI Number: 65-0928298 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATHEWS, JO-ANN L 9151 PARK BOULEVARD SEMINOLE FL 33777	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: _____ 4/10/01
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) ☒

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHERRY, ROBERT 6782 SCHOONER BAY CIRCLE SARASOTA FL 34231-8856	☐ Delete	President 1226 S. 10th Street St. Charles, IL 60174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	500004136315-- -05/04/01--01086--002 ****150.00 ****150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (5/00)

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: [illegible] 3/15/01 630-460-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #