

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051778

1. Entity Name
RSR ENTERPRISES, INC.

FILED

00 AUG 14 PM 12: 09

Principal Place of Business
1310 ROBINHOOD LANE
LAKELAND FL 33813

Mailing Address
~~PO BOX 3020~~ **SAME**
~~LAKELAND FL 33807-3020~~

6/21/00 900031018 \$150.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
~~MAIL BOXES ETC~~

3. Mailing Address
~~5331 N. Sycamore Road~~



DO NOT WRITE IN THIS SPACE

City & State
~~Lakeland, FL 33809~~

City & State
~~Lakeland, FL 33809~~

Zip
Country

4. FEI Number
59 3582509

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BAEDER, RONALD L
5107 LAKE MIRIAM DRIVE
LAKELAND FL 33813

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reorganizing) 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 NAME STREET ADDRESS CITY-ST-ZIP	Ronald L Baeder President/Secretary <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Phillips Vice President/Treasurer <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	→ 5107 Lake Miriam Dr Lakeland, FL 33813 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	→ 1310 Robinhood Ln Lakeland, FL 33813 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Richard Phillips Date: 5/1/00 Daytime Phone #: 868-815-1322

CR2E034 (9/99)