


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90179 036 ***550.00

0402372 AV

DOCUMENT # P99000055286	
1. Entity Name R.C.A. SOUTHEAST, INC.	

Principal Place of Business 181 CRAWFORD BLVD BOCA RATON FL 33432	Mailing Address 181 CRAWFORD BLVD BOCA RATON FL 33432
---	---



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

CHECK HERE IF MAKING CHANGES.

City & State	City & State	4. FEI Number 22-3662869	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent
BURKE, LEE 181 CRAWFORD BLVD. BOCA RATON FL 33432

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD	
NAME	HENRY, JAMES	
STREET ADDRESS	181 CRAWFORD BLVD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VD	
NAME	BURKE, LEE	
STREET ADDRESS	181 CRAWFORD BLVD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	TD	
NAME	SKOWRONSKI, JOSEPH	
STREET ADDRESS	181 CRAWFORD BLVD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	SD	
NAME	HARTMANN, THOMAS	
STREET ADDRESS	181 CRAWFORD BLVD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	
NAME	COOK, SCOTT	
STREET ADDRESS	181 CRAWFORD BLVD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott H. Cook DATE: 5/16/03 DAYTIME PHONE #: 561-392-6885

CR2E034 (10/02)