

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071670

1. Entity Name  
RCD FINANCIAL, INC.

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90030 039 \*\*\*150.00

Principal Place of Business  
7135 STATE RD. 52. STE. 206  
BAYONET POINT FL 34667

Mailing Address  
7135 STATE RD. 52. STE. 206  
BAYONET POINT FL 34667

600312



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |  |  |
|--------------------------------|---------|---------------------|---------|---|--|--|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-3596131</b>                           |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  |  |  |
| 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                              |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |
| GRAY, CHRISTOPHER A<br>7135 STATE RD. 52, STE. 206<br>BAYONET POINT FL 34667 |  |  |  | Name   |  |  |  |
|  |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  | City <b>FL</b> 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 Chipp-4S Chief Financial Officer DATE 1-5-01  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

|   |   |  |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |   |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|--|---|---------------------------------|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEO<br>GRAY, RAYMOND E<br>7135 STATE RD 52 STE 206<br>BAYONET POINT FL 34667-6748     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CFO<br>GRAY, CHRISTOPHER A<br>7135 STATE RD 52 STE 206<br>BAYONET POINT FL 34667-6748 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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: Chipp-4S CFO DATE 1-05-01 727-819-9224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)