## 2003 FOR PROFIT CORPORATION

## FILED Apr 22, 2003 8:00 am secretary of State **UNIFORM BUSINESS REPORT (UBR)** S07561 DOCUMENT # 1. Entity Name 04-22-2003 90056 042 \*\*\*150.00 R. L. BECKER SALES ASSOCIATES, INC. Principal Place of Business Mailing Address 11000009 11353 NW 9TH ST 11353 NW 9TH ST PLANTATION FL 33325 PLANTATION FL 33325 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc.\_\_ \_\_ Suite, Apt.#, etc. E-CHECK: HERE: IF: MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0233177 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECKER, RANDY Street Address (P.O. Box Number is Not Acceptable) 11353 NW 9TH ST PLANTATION FL 33325 City 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE-NOWILL FEE-IS-\$150.00 9.=Election Campaign Financing \$5:00-May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE Change ☐ Addition TITLE **BECKER, RANDY** NAME NAME 7848 NW 7TH COURT STREET ADDRESS STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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