

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90235 013 ***150.00

DOCUMENT # S09669

1. Entity Name
R C S VENTURES, INC.



Principal Place of Business
8730 MIDNIGHT PASS RD. #203A
SARASOTA FL 34242

Mailing Address
ATT DA CROMARTY
250 SYDENHAM ST APT 207
LONDON ONTARIO CN



2. Principal Place of Business

8730 Midnight Pass Rd

3. Mailing Address

ATT D.A CROMARTY

Suite, Apt. #, etc.

204A

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

SARASOTA FL.

City & State

4. FEI Number **65-0222407**

Applied For

☒ Not Applicable

Zip
34242

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

SAVARY, JOHNSON S.
DYKEMA GOSSETT
240 S. PINEAPPLE AVENUE
SARASOTA FL 34230-6948

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CROMARTY, DONALD A.**
STREET ADDRESS **8730 MIDNIGHT PASS #203A 204A**
CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** ☐ Delete
NAME **CROMARTY, MAXIE**
STREET ADDRESS **8730 MIDNIGHT PASS #203A 204A**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Donald A. Cromarty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 Jan/03

9413491857
Daytime Phone #

CR2E034 (10/02)