

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S82048

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

Entity Name: RTA PRODUCTION SERVICES, INC.

**Current Principal Place of Business:**

12218 ORCHID LANE  
THONOTOSASSA, FL 33592

**New Principal Place of Business:**

**Current Mailing Address:**

12218 ORCHID LANE  
THONOTOSASSA, FL 33592

**New Mailing Address:**

FEI Number: 59-3091304

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WARD, TAMLYN R  
12218 ORCHID LANE  
THONOTOSASSA, FL 33592 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WARD, TAMLYN R  
Address: 122187 ORCHID LANE  
City-St-Zip: THONOTOSASSA, FL 33592

Title: VSD ( ) Delete  
Name: WARD, LINDA C  
Address: 12218 ORCHID LANE  
City-St-Zip: THONOTOSASSA, FL 33592

Title: S ( ) Delete  
Name: WARD, LINDA C  
Address: 12218 ORCHID LANE  
City-St-Zip: THONOTOSASSA, FL 33592

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMLYN R. WARD

PD

04/30/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date