

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V13868**

1. Entity Name

RF SPECIALTIES OF FLORIDA, INC.**FILED**
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90152 026 ***150.00

Principal Place of Business 33 JOHN SIMS PARKWAY VALPARAISO FL 32580 US	Mailing Address 33 JOHN SIMS PARKWAY VALPARAISO FL 32580 US
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3104617	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

HOISINGTON, WILLIAM K. 33 JOHN SIMS PARKWAY VALPARAISO FL 32580
--

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.

SIGNATURE	DATE JAN 15-01
-----------	-----------------------

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

11. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	MCCOY, GENE JR	
STREET ADDRESS	3516 53RD ST	
CITY-ST-ZIP	COLUMBUS NE 68601	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCOY, GENE SR	
STREET ADDRESS	719 N 2ND	
CITY-ST-ZIP	HASTINGS NE 68901	
TITLE	V	<input type="checkbox"/> Delete
NAME	TURNER, WILLIAM P.	
STREET ADDRESS	271 GRANDVIEW	
CITY-ST-ZIP	VALPARAISO FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOISINGTON, WILLIAM K.	
STREET ADDRESS	4706 YOONY RD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:	Date 1-15-01	Daytime Phone # 8506788943
------------	---------------------	-----------------------------------

CR2E034 (10/00)