

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90062 019 ***150.00

0465074 AV

DOCUMENT # V18691

1. Entity Name

RPSA ONE, INC.

Principal Place of Business

**3040 GULF TO BAY BLVD.
 205
 CLEARWATER FL 33759
 US**

Mailing Address

**3040 GULF TO BAY BLVD.
 205
 CLEARWATER FL 33759
 US**

2. Principal Place of Business

3. Mailing Address

**5215 S. Westshore Blvd.
 #29
 Tampa, FL 33611**

**5215 S. Westshore Blvd.
 #29
 Tampa, FL 33611**



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3109508

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**POSTON, WILLIAM G
 NSI MANAGEMENT INC
 3040 GULF TO BAY BLVD #205
 CLEARWATER FL 33759**

Name

**5215 S. Westshore Blvd.
 #29**

Tampa, FL 33611

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

**TITLE PDST
 NAME O'NEILL, PATRICK J
 STREET ADDRESS 26657 WOODWARD AVE., SUITE 100
 CITY-ST-ZIP HUNTINGTON WOODS MI 48070** ☐ Delete

**TITLE
 NAME
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 CITY-ST-ZIP** ☐ Delete

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 CITY-ST-ZIP** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

**TITLE
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**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP** ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)