

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90366 017 ***150.00

0022679
 AV

DOCUMENT # V58303

1. Entity Name

RSBP ENTERPRISES, INC.

Principal Place of Business

**1617 SAN MARCO BLVD.
 JACKSONVILLE FL 32207
 US**

Mailing Address

**1617 SAN MARCO BLVD
 JACKSONVILLE FL 32207
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3136543**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOGULLO, CHARLOTTE
 308 LAMARA WAY NE
 ST. PETERSBURG FL 33704**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **DS**
 STREET ADDRESS **LOGULLO, CHARLOTTE**
 CITY-ST-ZIP **308 LAMARA WAY NE**
ST. PETERSBURG FL 33704

☐ Delete

TITLE
 NAME **TD**
 STREET ADDRESS **SCALLAN, WALTER S III**
 CITY-ST-ZIP **305 PAYNE RD**
PENSACOLA FL 32507

☐ Delete

TITLE
 NAME **DV**
 STREET ADDRESS **PEARCE, GILLIAN M**
 CITY-ST-ZIP **8623 SANCHEZ ROAD**
JACKSONVILLE FL 32217

☐ Delete

TITLE
 NAME **DP**
 STREET ADDRESS **PEARCE, ROBERT S**
 CITY-ST-ZIP **8623 SANCHEAZ ROAD**
JACKSONVILLE FL 32217

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME **DIRECTOR**
 STREET ADDRESS **PEARCE, ELIZABETH C**
 CITY-ST-ZIP **409 W. 48th ST. APT 4 FE**
NY NY 10036

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 #

[Signature]

R.S.B. PEARCE

3-20-02 904 399 3939

CR2E034 (9/01)