## FILED 2003 FOR PROFIT CORPORATION Aug 28, 2003 8:00 am Secretary of State. **UNIFORM BUSINESS REPORT (UBR** J82461 DOCUMENT # 08-28-2003 90070 048 \*\*\*550.00 1. Entity Name 3R MINERAL & MANUFACTURING COMPANY---TAMPA Principal Place of Business Mailing Address 2400 36 STREET NO. 2400 36 STREET NO. TAMPA FL 33605 TAMPA FL 33805 2. Principal Place of Business 3. Mailing Address 6911 Parke East BlyD 1VICE TEAS SURPORT IIPO CHECK HERE IF MAKING CHANGES inte 70 Suite 70 Applied For 4. FEI Number City & State City & State 36-3061177 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired \_ \_ \_ Fee Required Name and Address of New Registered Agent Name and Address of Current Registered Agent RYSDON, RICHARD 2400 N 36TH STREET **TAMPA FL 33605** 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** DATE nted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (4/03) Change ☐ Addition TITLE ☐ Delete TITI F KICHARD RUSDON RYSDON, RICHARD NAME NAME 6911 PARKE EAST BUD SUITE MCO **2400 N 36TH STREET** STREET ADDRESS STREET ADDRESS TAMPA FL 33605 CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33610 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS . CITY-ST-ZIP\_ = CITY-ST-7iP-☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition

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 prior like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATION OFFICER OR DIRECTOR

8/24/03 (813)740-2440