2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 18, 2000 8:00 am Secretary of State DOCUMENT # P93000065178 RTB ENTERPRISES, INC. 05-18-2000 90281 020 ***150.00 Principal Place of Business Mailing Address 3908 14TH ST W 3908 14TH ST W **BRADENTON FL 34205 BRADENTON FL 34205-6004** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0445314 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired [7] Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRINKER, RONALD Street Address (P.O. Box Number is Not Acceptable) 7500 40TH AVENUE W., #101 **BRADENTON FL 34209** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees .(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Delete TITLE TITLE NAME NAME BRINKER, RONALD STREET ADDRESS STREET ADDRESS 7500 40TH AVE W CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME BRINKER, PATRICIA STREET ADDRESS STREET ADDRESS 7500 40TH AVE W CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. BRINKER