2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000071192 May 23, 2000 8:00 am Secretary of State R & C ENTERPRISES, INC. 05-23-2000 90232 047 ***150.00 Mailing Address Principal Place of Business 2416 S.W. 39TH TERRACE 2416 S.W. 39TH TERRACE CAPE CORAL FL 33914-5407 CAPE CORAL FL 33914 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0608806 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUCKSTUHL, CAROLLEE Street Address (P.O. Box Number is Not Acceptable) 2416 S.W. 39TH TERRACE CAPE CORAL FL 33914 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. DATÉ (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 12. 11. ☐ Addition Change ☐ Delete TITLE RUCKSTUHL, RICK NAME NAME STREET ADDRESS STREET ADDRESS 2416 S.W. 39TH TERRACE CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Addition ☐ Change Delete TITLE TITLE RUCKSTUHL, CAROLLEE NAME NAME STREET ADDRESS 2416 S.W. 39TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Change ■ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Defete DITLE NAME STREET ADDRESS 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. Kicher RUCKSTUM

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2000