2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State **DOCUMENT #** P96000008704 1. Entity Name 05-06-2002 90120 046 ***150 00 RISDON GROUP, INC. Principal Place of Business Mailing Address 1901 MORRILL STREET 1901 MORRILL ST. SARASOTA FL 34236 SARASOTA FL 34236 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0637154 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRADLEY, STEVEN R Street Address (P.O. Box Number is Not Acceptable) 1901 MORRILLIST. SARASOTA FL 34236 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE PSTD ☐ Delete TITLE Change NAME BRADLEY, STEVEN R. NAME STREET ADDRESS 1901 MORRILL ST. STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition ۷P NAME keen, gayle a. NAME STREET ADDRESS 1901 MORRILL STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete TITLE 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-7IP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP p 🗔 Delete ☐ Change ☐ Addition TITLE 1-14 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 trusted 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:

even R. Brodley 4

FILED