2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000074102 Mar 22, 2000 8:00 am **Secretary of State** R.T.S., DEVELOPMENT, INC. 03-22-2000 90055 010 ***150.00 Principal Place of Business Mailing Address 2368 BROOKSIDE DR 2368 BROOKSIDE DR MELBOURNE FL 32903-3609 MELBOURNE FL 32903 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3464347 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMALL, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2368 BROOKSIDE DR MELBOURNE FL 32903 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 Added to Fees Trust Fund Contribution. (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 PTD Change ☐ Delete TITLE TITLE SMALL, RICHARD NAME NAME 2368 BROOKSIDE DR STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP **MELBOURNE FL 32903** ☐ Addition ☐ Change ☐ Delete TITLE TITLE SMALL, HELENE T NAME NAME STREET ADDRESS 2368 BROOKSIDE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32903** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME 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 ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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:

THERESE SMALL) VS 3/15/00 321-773-9145

CR2E034 (9/99)