2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 06, 2001 8:00 am Secretary of State **DOCUMENT # 188707** 1. Entity Name ROOD, INC. 02-06-2001 90266 037 ***150.00 Principal Place of Business Maling Ado 4546 COUNTY NIME ROAD PO BOX VV44001 TEQUEST FL 33469-7768 P.O. BOX 3768 TEQUESTA FL/33469-7768 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-0754733 RIDA Not Applicable \$8.75 Additional 5. Certificate of Status Desired* Fee Required 7. Name and Address of New Registered Agent ROOD.ROY S 208 SHELTER LANE - P.O. DRAWER 1568 JUPITER FL 39458 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 (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. NELSON W. ROOD 9104 E. CAMINO DEL SANTO TITLE PD ☐ Delete TITLE NAME ROOD, ROY S NAME STREET ADDRESS STREET ADDRESS **208 SHELTER LANE** SCOTTS DALE, ARIZONA 85260-7650 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL TITLE ☐ Delete D NAME ROOD, PATRICIA M NAME STREET ADDRESS STREET ADDRESS 208 SHELTER LANE CITY-ST-ZIP CITY-ST-ZIP JUPITER FL. Change ☐ Addition TITLE M Delete WHITESELL THOMAS O NAME NAME STREET ADDRESS STREET ADDRESS 257 GOLFVIEW DRIVE CITY-ST-ZIP CITY-ST-ZIP TEQUESTA FL ☐ Addition **✓** Delete TITLE CE₀ TITLE NAME NAME STREET ADDRESS STREET ADDRESS 18235 RIDGEVIEW DR CITY-ST-ZIP CITY-ST-ZIP **TEQUESTA FL 33469** ☐ Addition Change TITLE Delete 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 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 in changed, or on an attachment with an address, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: