2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

459431 **DOCUMENT #**

1. Entity Name



FILED Mar 20, 2003 8:00 am Secretary of State

R.R.R. WAREHOUSE & SERVICE, INC.							03-20-2003 90140 042 ***150.00				
Principal Pla 4700 N. PEA PO BOX 323 JACKSONVIL US	5	P.O. PO E	Mailing Address P.O. BOX 3235 PO BOX 3235 JACKSONVILLE FL 32206 US								
2. Principal	Place of Business	3. Ma	3. Mailing Address					ilali didii didii E			
Suite, Apr	t. #, etc.	Sui	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Sta	ate	City	City & State			4.	FEI Number 59-1548284	—	oplied For ot Applicable	<u>_</u>	
Zip	Country Zip		Count	Country		Certificate of Status Desired	\$8.75 Add	ditional	7		
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
RAULERSON, BOBBY L.					Name						
4700 N PEARL ST					Street Addres	ss (P.O. E	Box Number is Not Acceptable)			7	
JACKSONVILLE FL 32206										٦	
v .					City		FL	Zip Cod	e	┨	
8. The above	e named entity submits this statemer	it for the purp	ose of changing its	registere	d office or regis	tered ac	gent, or both, in the State of Florida. I am	familiar with	and accept	4	
the obliga	itions of registered agent.			•	J		,		and accopt		
SIGNATURE											
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if app	plicable. (NOTE	: Registered	Agent signature requ	ired when n	einstating) DATE	· · · · · · · · · · · · · · · · · · ·			
. F	FILE NOW!!! FEE IS \$150.00									\dashv	
	r May 1, 2003 Fee will be \$550.0	00			9. Election Campaign Financing \$5.00 N		May Be				
	k Payable to Florida Departmen						Trust Fund Contribution.		to Fees		
10.	OFFICERS AI	ND DIRECTO	I IRS	11,		ΑΓ	L DDITIONS/CHANGES TO OFFICERS AND) DIRECTORS	S IN 11	\dashv	
TITLE	VTD Delete					,,,,	Same And Strategy of Hotel of Anti-	☐ Change	Addition	13	
NAME	RAULERSON, JOHN RONALD							onange			
STREET ADDRESS					TADDRESS					;	
CITY-ST-ZIP	JACKSONVILLE FL			CITY-	ST-ZIP					18	
TITLE	PD		☐ Delete	TITLE				☐ Change	☐ Addition	وُ [
NAME	RAULERSON, BOBBY L.			NAME						١	
STREET ADDRESS 4700 N. PEARL ST. CITY-ST-ZIP					ADDRESS		**				
	JACKSONVILLE FL			CITY-S	ST-ZIP						
TITLE	VSD		☐ Delete	TITLE		y		Change	Addition		
NAME STREET ADDRESS	RAULERSON, BILLY D.			NAME]	
CITY-ST-ZIP	4700 N. PEARL ST. JACKSONVILLE FL				ADDRESS						
	JACKSONVILLE FL			CITY-S)1-ZIT			,,		1	
TITLE NAME			☐ Delete	TITLE				☐ Change	☐ Addition		
STREET ADDRESS	,			NAME	AODDEDE						
CITY-ST-ZIP				CITY-S	ADDRESS T-7IP						

12. 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 trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

BOBBY L RAULERSON

3/19/2003

904-765-717

Addition

☐ Addition

☐ Change

☐ Change