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

changed, or on an attachment with

SIGNATURE:

Apr 28, 2003 8:00 am Secretary of State 461383 DOCUMENT # 04-28-2003 90165 032 ***158.75 1. Entity Name KENNETH L. RICE, JR., INC. Principal Place of Business Mailing Address 355 CENTER STREET 355 CENTER STREET JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1861037 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent .. 7. Name and Address of New Registered Agent. Name RICE, KENNETH L SR. Street Address (P.O. Box Number is Not Acceptable) 305 CALOOSAHATCHEE DRIVE NORTH JUPITER FL 33458 City 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Addition NAME RICE, KENNETH L JR. NAME STREET ADDRESS 355 CENTER STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete = * TITLE ~ -- Change Addition -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-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if

CENDETH L. RICE