2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 05, 2001 8:00 am Secretary of State DOCUMENT # 482651 1. Entity Name R & R BUILDERS, INC. 03-05-2001 90289 010 ***150.00 Principal Place of Business Mailing Address P.O. BOX 8664 P.O. BOX 8664 DEERFIELD BEACH FL 33443-0627 DEERFIELD BEACH FL 33443-0627 00029491 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1581610 Not Applicable Zip Zip Country 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 ROGERS, GREGORY A Street Address (P.O. Box Number is Not Acceptable) 404 SE 6TH AVENUE DEERFIELD BEACH FL 33441 City Zig 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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. PD ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME ROGERS, GREGORY A. STREET ADDRESS STREET ADDRESS 404 S.E. 6TH AVENUE CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition VD NAME ROGERS, JOHN P NAME STREET ADDRESS STREET ADDRESS 34 S.E. 8TH AVE CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL TITLE TITLE ☐ Change ☐ Addition STD ☐ Delete NAME ROGERS, JOHN P NAME STREET ADDRESS STREET ADDRESS 34 S.E. 8TH AVE. CITY-ST-7IP CITY-ST-7IP DEERFIELD BEACH FL ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP 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 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 region 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.

SIGNING OFFICER OR DIRECTOR

URE AND TYPED OR PRINTED NAM