FILED

3-26-01

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 29, 2001 8:00 am **DOCUMENT # 506267 Secretary of State** 1. Entity Name THE PRICE RIGHT COMPANY, INC. 03-29-2001 90368 009 ***150.00 Principal Place of Business Mailing Address 312 S. OLD DIXIE HWY 312 S. OLD DIXIE HWY SUITE 206 SUITE 206 JUPITIER FL 33459 JUPITIER FL 33459 2. Principal Place of Business 3. Mailing Address 342 TONEY PENNA 342 TONEY PENNA DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE UNIT 1 UNIT City & State City & State 4. FEI Number Applied For 59-1792620 SUPITER FIA TUPITER. Not Applicable 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 **DUPLESSIS, ROBERT** 212 SOUTH OLD DIXIE HIGHWAY JUPITER FL 33458 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 CR2E034 (10/00) TITLE Delete TITLE Change ☐ Addition olessic Robert **DUPLESSIS, ROBERT** NAME NAME STONEBRIAR BIVO 906 HAWIE ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete 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-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 if