2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am Secretary of State DOCUMENT # 587485 1. Entity Name 05-28-2002 91641 048 ***150 00 R.E.T. ENTERPRISES, INC. Principal Place of Business Mailing Address 1156 A. GILLESPIE AVE 1156A GILLESPIE AVE SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE . City & State City & State 4. FEI Number Applied For 59-1853396 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent WEBER, H. ALLAN Street Address (P.O. Box Number is Not Acceptable) 2070 RINGLING BLVD. SARASOTA FL 33577 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME THOMPSON, RONALD E. NAME STREET ADDRESS 2730 INGOT PLACE STREET ADDRESS CITY-ST-ZIP Sarasota Fl CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME THOMPSON. RONALD E NAME STREET ADDRESS 2730 INGOT PLACE STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE Delete TITLE NAME thompon, ronald e NAME STREET ADDRESS 2730 INGOT PLACE STREET ADDRESS CITY-ST-ZIP Sarasota Fl CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME THOMPSON, RONALD E NAME STREET ADDRESS 2730 INGOT PLACE STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS

13. Thereby 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 changed, or on an attachment with an address, with all other like empowered. PONALDE THOMPSON

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FILED