2003 FOR PROFIT CORPORATION

SIGNATURE:

FILED Mar 10, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR 602833 **DOCUMENT #** 1. Entity Name 03-10-2003 90172 003 ***150.00 RICHARD E. HUFF, P.A. Principal Place of Business Mailing Address 718 E SIERRA VISTA DR (85014) 718 E SIERRA VISTA DR (85014) P O BOX 16181 P O BOX 16181 PHOENIX AZ 85011 PHOENIX AZ 85011 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 59-1417704 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 LANSDALE, RICHARD B. Street Address (P.O. Box Number is Not Acceptable) 3135 TERRACE AVENUE NAPLES FL 33940 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 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition NAME HUFF, RICHARD E. NAME STREET ADDRESS 718 EAST SIERRA VISTA STREET ADDRESS PHOENIX AZ CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Сhange ☐ Addition NAME HUFF.R.E. NAME STREET ADDRESS 718 EAST SIERRA VISTA STREET ADDRESS CITY-ST-ZIP PHOENIX-AZ> CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 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 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

<u>602-264</u> CER OR DIRECTOR