2001 UNIFORM BUSINESS REPORT (UBR) FILED May 16, 2001 8:00 am DOCUMENT# 760485 Secretary of State RE FORCES RESEARCH FOUNDATION 05-16-2001 90255 024 ****61.25 INC Principal Place of Business Mailing Address 2468 N OceanShore Blub. A0068628 Boverly B.A. FL 32136 2. Principal Place of Business 3. Mailing Address 2468-N Oceanshore BWd. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State FL Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SOLOMON Nehemias Kevi rivi)It (P.O: Box Number is Not Acceptable) OceanMarina 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. mo DATE Make Check Payable to. 9. Election Campaign Financing \$5.00 May Be FILE NOW: Department of State. Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition TITLE: TITLE . NAME NAME shore Blud STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME Shaq STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE NAME NAME 7 Tackson STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 94 Colechester Lane NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP Coast ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Daytime Phone