2001 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2001 8:00 am Secretary of State DOCUMENT # F51720 1. Entity Name RODCO, INC. 02-06-2001 90280 021 ***150.00 Principal Place of Business Mailing Address 2976 ST RD 776 2976 ST RD 776 VENICE FL 34293 VENICE FL 34293 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2125921 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUE, JEAN R Street Address (P.O. Box Number is Not Acceptable) 2976 ST RD 776 VENICE FL 34293 Zip Code FL 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. DATE (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PVPD** ☐ Change ☐ Addition ☐ Delete TITLE TITLE RODRIGUE, JEAN R. NAME NAME STREET ADDRESS STREET ADDRESS 2976 SR 776 CITY-ST-ZIP CITY-ST-ZIP VENICE, FL 00000 ☐ Addition TITLE ☐ Delete Change RODRIGUE, JEAN L. NAME NAME STREET ADDRESS STREET ADDRESS 2976 SR 776 CITY-ST-ZIP CITY-ST-ZIP VENICE, FL 00000 Delete Change ☐ Addition TITLE -TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED

Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Da