FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State **DOCUMENT #** F93000003186 1. Entity Name 04-16-2002 90148 009 ***150.00 ROB MAR HOLDING COMPANY, INC. Principal Place of Business Mailing Address MOUNTAIN LAKE **MOUNTAIN LAKE** LAKE WALES FL 33853 LAKE WALES FL 33853 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 04-2422649 Not Applicable Zip 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 MYERS, C.B. III Street Address (P.O. Box Number is Not Acceptable) 130 E. CENTRAL AVE LAKE WALES FL 33859-1079 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, 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 After May 1, 2002 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE NAME NAME O'CONNOR, ROBERT E STREET ADDRESS STREET ADDRESS MOUNTAIN LAKE CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL TITLE ☐ Delete ☐ 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 TITLE ☐ Delete TIT1 F ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE 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 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 a policy 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 the life empowered. BUNTING, TRUE OF THE PORT OF THE PORT

SIGNATURE:

ROBERT B. O. COMNOR President

4/2502 Certified Public Accountants AKE WALES FLORIDA 33859-0990