2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

hn R. Rudolph,

May 14, 2001 8:00 am **DOCUMENT # H29647** Secretary of State JOHN R. RUDOLPH ENTERPRISES, INC. 05-14-2001 90013 040 ***150.00 Principal Place of Business Mailing Address 7901 WEST BROWARD BLVD. 7901 WEST BROWARD BLVD. PLANTATION FL 33324 PLANTATION FL 33324 1 U 1 U V 1 นร 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 59-2471533 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 Name TATUM, THOMAS R. Street Address (P.O. Box Number is Not Acceptable) 200 EAST LAS OLAS BLVD. #1800 FT. LAUDERDALE FL 33301 200 E. Las Olas Boulevard, Suite 1900 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change ! ☐ Addition CR2E034 (10/00 TITLE Delete TITLE RUDOLPH, JOHN R. NAME NAME STREET ADDRESS STREET ADDRESS 7901 W. BROWARD BLVD CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Delete TITLE TITLE RUDOLPH, SHARON M. NAME Rudolph, Sharon M. NAME STREET ADDRESS 7901 W BROWARD BLVD STREET ADDRESS 7901 W. Broward Blvd CITY-ST-ZIP CITY-ST-ZIF PLANTATION FL Plantation, FL ☐ Change ☐ Addition TITLE Delete TITLE 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 TITLE ☐ Change ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITI F ☐ Delete TITLE ☐ Addition 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 an officer or director of the corporation or the receiver or trustee empowered the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with all of

04/25/01