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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/25/03--01061--028 **558.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J48884

1. Entity Name
RBA PROFESSIONAL EDGE, INC.

Principal Place of Business	Mailing Address
4517 PEBBLE BROOK DR JACKSONVILLE, FL 32224 US	4517 PEBBLE BROOK DRIVE JACKSONVILLE, FL 32224 US

2. Principal Place of Business	3. Mailing Address
3057 Donato DR. N.	3057 Donato DR. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: JACKSONVILLE, FL
Zip: 32226 Country: USA	Zip: 32226 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-2763511 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARLOW RUTLEDGE, BELYNDA
4517 PEBBLE BROOK DRIVE
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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] 7/10/03
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST	☐ Delete
NAME	H RUTLEDGE, BELYNDA	
STREET ADDRESS	4517 PEBBLE BROOK DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	VP	☐ Delete
NAME	Ryan B. Rutledge	
STREET ADDRESS	3057 Donato DR. N.	
CITY-ST-ZIP	JAX, FL 32226	
TITLE		☐ Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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 607, 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: [signature] BELYNDA H. Rutledge 7/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

904-696-5557