2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # J82351 Mar 28, 2000 8:00 am 1. Entity Name READY-REDDI, INC. **Secretary of State** 03-28-2000 90092 045 ***150.00 Principal Place of Business Mailing Address 20 SOUTH DILLARD STREET 20 SOUTH DILLARD STREET PO BOX 771007 PO BOX 771007 WINTER GARDEN FL 34777-1007 WINTER GARDEN FL 34777-1007 2. Principal Place of Business 3. Mailing Address P0 80x 771000 205 DIWARD ST DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. PO BOX 771000 Applied For City & State 4. FEI Number City & State 59-2828969 winter garden Pl Not Applicable winter gampe Country \$8.75 Additional 5. Certificate of Status Desired 34777-1000 34717-<u>1660</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PITCHFORD, JAMES M. Street Address (P.O. Box Number is Not Acceptable) 235 N DILLARD ST WINTER GARDEN FL 34787 Zip Code City 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 DATE 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, 2000 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 11. OFFICERS AND DIRECTORS TITLE ☐ Change ☐ Addition Delete TITLE PITCHFORD, JAMES M. NAME NAME STREET ADDRESS 235 N DILLARD ST STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP WINTER GARDEN FL STD Change ☐ Addition ☐ De ete TITLE PITCHFORD-DUNN, JILL NAME NAME 3409 REX DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE DUNN, LARRY I. NAME 3409 REX DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET AODRESS 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 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 changed, or on an attachment with an address, with all other like empowered. TILL PITCHFORD-DUNN 3/23/00 (402)650 SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034 /a/99