2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # K37590** R & R DARTS, INC. 04-30-2001 90013 035 ***150.00 Principal Place of Business Mailing Address 1313 COCHRAN DRIVE 1313 COCHRAN DRIVE LAKE WORTH FL 33461 LAKE WORTH FL 33461 645484 2. Principal Place of Business 3. Mailing Address COCHRAN DRIVE 1313 Cochran DRIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE FI Not Applicable AKeWorth akeworth Country Zip Country \$8.75 Additional 5. Certificate of Status Desired JS A 33461 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARKE, JOHN E. Street Address (P.O. Box Number is Not Acceptable) 523 LAKE AVE LAKE WORTH FL 33460 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME ORLOFF, RONALD G. NAME STREET ADDRESS STREET ADDRESS 6126 LAKE WORTH RD. CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL TITLE Defete TITLE ☐ Change Addition ALHO, RAYMOND V. NAME NAME STREET ADDRESS 339 ANDERSON RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANTANA FL TITLE ☐ Delete TITLE Change Addition ALHO, DONNA J. NAME NAMÉ STREET ADDRESS STREET ADDRESS 339 ANDERSON RD. CITY-ST-ZIP CITY-ST-ZIP LANTANA FL Change TITLE Delete TITLE 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-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P

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.

ED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-2001 561-586-5698
Date Date Phore