2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like e

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # L37564** 1. Entity Name ROUGH STUFF, INC. 04-27-2001 90382 023 ***150.00 Principal Place of Business Mailing Address % THOMAS J. DOWDELL, III PO BOX 510-108 KEY COLONY BEACH FL 33051-0108 11300 OVERSEAS HIGHWAY 00042678 MARATHON FL 33050 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 65-0165560 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOWDELL, THOMAS J., III Street Address (P.O. Box Number is Not Acceptable) 11300 OVERSEAS HIGHWAY MARATHON FL 33050 Zip Code City 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. 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 After MAY 1, 2001 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 12. PD Change ☐ Addition Delete TITLE TITLE POOLE, ALLAN P NAME NAME STREET ADDRESS STREET ADDRESS 360 10TH STREET CITY-ST-ZIP CITY-ST-ZIP KEY COLONY BEACH FL ☐ Change ☐ Addition TITLE Detete TITLE NAME POOLE, ALLAN P NAME STREET ADDRESS 410-17TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARATHON FL TITLE Delete TITLE. POOLE, ALLAN P NAME NAME STREET ADDRESS STREET ADDRESS 360 10TH ST. CITY-ST-ZIP CITY-ST-ZIP KEY COLONY BEACH FL Change ☐ Addition ☐ Delete TITLE TITLE POOLE, ALLAN P NAME NAME STREET ADDRESS STREET ADDRESS 360 10TH ST. CITY-ST-ZIP CITY-ST-7IP KEY COLONY BCH FL ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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