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2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 11, 2003 8:00 am § Secretary of State DOCUMENT # N0100000254 04-11-2003 90150 032 ****70.00 R.A.H.QUICK BUILD CORPORATION Principal Place of Business Mailing Address 2652 BROOKSIDE COURT 2652 BROOKSIDE COURT MAITLAND FL 32751 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3707857 City & State City & State Applied For Not Applicable _/ Zip Country Zip 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 ا د ويحاي د لما يا الهيمنيين ه RAMSDELL, KENNETH R Street Address (P.O. Box Number is Not Acceptable) 2652 BROOKSIDE COURT MAITLAND FL 32751 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition RAMSDELL, KENNETH NAME NAME STREET ADDRESS 2652 BROOKSIDE COURT STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE TEMPLETON, JOHN NAME 4260 LAKEMONT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32934 ☐ Delete Addition. TITLE TITLE -HUNTER, LEW NAME NAME STREET ADDRESS RTL BOX 28C STREET ADDRESS CITY-ST-ZIP **BUNNELL FL 32110** CITY-ST-7IP ☐ Delete TITLE Change Addition GARCIA, BENIGNO NAME NAME STREET ADDRESS 9908 FLYNT CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS

12. Thereby 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 617, 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 productions.

CITY-ST-ZIP

SIGNATURE: