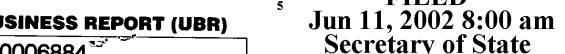
2002 UNIFORM BUSINESS REPORT (UBR)

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URE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE:

FILED Jun 11, 2002 8:00 am Secretary of State



DOCUMENT # N9800006884 1. Entity Name 05-20-2002 90120 050 ****61.25 THE RUFUS FISHER SEEING EYE DOG FOUNDATION, INC. range I , Principal Place of Business Mailing Address 173 ROOT, TRAIL 173 ROOT TRAIL PALM BEACH FL 33480 PALM BEACH FL 33480 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 52-2142151 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FISHER, TAMARA J 173 ROOT TRAIL PALM BEACH FL 33480 City 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. (NOTE: Registered Agent signature required when rainstafting) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State State 2008 and 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10-TITLE ☐ Delete TITLE (9/07 Addition NAME FISHER, TAMARA J NAME 173 ROOT TRAIL STREET ADDRESS STREET ADDRESS **CR2E037** PALM BEACH FL 33480 CITY-ST-ZIP DΠE TITLE Change ☐ Addition NAME FISHER, STUART C NAME STREET ADDRESS 3324 WEST UNIVERSITY # 136 STREET ADORESS CITY-ST-ZIP GAINESVILLE FL 32607 CITY+ST-ZIP TITLE TITLE . Change. __ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE WECTOR Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 348U CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP " CITY-ST-ZIP 12. 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 of director of the corporation or the receiper or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 of Block 11 of changed, or on an attachment with an address, with all other like empowered.