2001 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2001 8:00 am DOCUMENT # PODODOO 1/2/1 **Secretary of State** 02-03-2001 90290 034 ***150.00 RUSTIN VALLY 4 MONUMENT CO. INC 02-19-2001 90018 031 ***150.00 Principal Place of Business Mailing Address 2048 RUSTIN Drive Chipley, FL 32428 A0023920 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 59-3634183 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 KAREN K. RUSTIN Street Address (P.O. Box Number is Not Acceptable) 2018 RUSTIN Dr Chipleyiff 32428 Zip Code F٤ 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 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President CR2E034 (11/00 TITLE ☐ Delete TITLE Change ☐ Addition Haren K. Rustin NAME NAME 648 RUSTINDE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Chipley, FL 324268 CITY-ST-ZIP VICE-President TITLE Change Addition TITLE ☐ Delete RONAL DAFTELL RUSTIN NAME NAME STREET ADDRESS STREET ADDRESS 76 MITZUST 846 CITY-ST-ZIP CITY-ST-7IP Chipley, FL 32428 Addition Secretary Yaren K-Rustin TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS 648 Rustin Dr CITY-ST-7IP CITY-ST-7IP <u>Chipley, FL 32428</u> Treasury Laren L. Rustin ☐ Delete ☐ Change Addition NAME 648 RUSTIN Dr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P pley, FC 22428 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 eath; 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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u> 2-10-2001</u>

changed, or on an attachment with an address

LACEN L SIGNATURE AND TYPED O

FILED