MAR-19-2002 TUE 08:58 AM FROM:ALRON ENTERPRISES INC. FAX:321

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90091 042 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024094

1. Entity Name

Robert M. SHOFF Inc

DO NOT WRITE IN THIS SPACE

B0056609

2. Principal Place of Business	3. Mailing Address
1801 Sarno Rd	6285 N. US#1
Suite, Apt. #, etc. Suit 2	Suite, Apt. #, etc.
City & State Melbourne, Florida	City & State Melbourne, Florida
Zip 32935 Country Brevard	Zip 32940 Country BREVARD

DO NOT WRITE IN THIS SPACE

4. FEI Number 59 363 1038 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Robert M. SHOFF

Street Address (P.O. Box Number is Not Acceptable): 6285 N. US#1

City: Melbourne FL Zip Code 32940

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] Robert M. SHOFF 3/19/2002

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Robert M. SHOFF
STREET ADDRESS	6285 N. US #1
CITY-ST-ZIP	Melbourne, Florida 32940
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President 3/19/2002 321 254-6829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #