2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P0000094606 1. Entity Name REGIONAL DEVELOPMENT OF SOUTH CAROLINA, INC. 4-17-2001 90001 038 ***150.00 Principal Place of Business Mailing Address 5511 HANSEL AVE 5511 HANSEL AVE ORLANDO FL 32809 ORLANDO FL 32809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 3612162 City & State City & State Applied For Not Applicable Country 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 Name HOOKER, DOUGLAS P Street Address (P.O. Box Number is Not Acceptable) 5511 HANSEL AVE ORLANDO FL 32809 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 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. ☐ Delete Change Addition TITLE HOOKER, DOUGLAS NAME NAME STREET ADDRESS 5511 HANSEL AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete TITLE ☐ Change ☐ Addition NAME HOOKER, MARCUS NAME STREET ADDRESS STREET ADDRESS 5511 HANSEL AVE سنرCITY-ST-ZIP CITY-ST-ZIP ORLANDO FL-32809 ----TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME JONES, STANLEY R NAME STREET ADDRESS STREET ADDRESS 5511 HANSEL AVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 TITLE ☐ Delete TITLE Change ☐ Addition JONES, CONSTANCE A NAME NAME STREET ADDRESS 5511 HANSEL AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 Block 12 if changed, or on an attachment with an address, with all other line empowered.

CITY-ST-ZIP

and an additional mind of powers

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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

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