2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 28, 2001 8:00 am DOCUMENT # P00000102420 **Secretary of State** 1. Entity Name R & D BOWLING, INC. 02-28-2001 90082 039 ***150.00 Principal Place of Business Mailing Address 50 HWY 17 SOUTH 50 HWY 17 SOUTH YULEE FL 32097 YULEE FL 32097 Principal Place of Business Mailing Address KOAd DO NOT WRITE IN THIS SPACE 4. FEI Numbe City & State City & State Applied For 3680050 Deach Not Applicable \$8.75 Additional 5. Certificate of Status Desired NASSAU Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROMEDY, WALTER E Street Address (P.O. Box Number is Not Acceptable) 2947 LINA ROAD FERNANDINA BEACH FL 32034 Zip Code City 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) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. 2R2E034 (10/00) ☐ Addition TITLE tresident ☐ Delete TITLE WAITER E. Komedy NAME NAME STREET ADDRESS 2941 LINA STREET ADDRESS ROAd CITY-ST-ZIP CITY-ST-7IP RN BOACH PRESIDEN TITLE ☐ Delete TITLE Change Addition tyne Dek NAME DeRossett STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP lee. TITLE Sec. Tres. ☐ Delete Change Addition Jean B. Romede NAME 2947 LINA ROAD STREET ADDRESS STREET ADDRESS 32034 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 like empowered. **SIGNATURE**

NAME OF SIGNING OFFICER OR DIRECTOR