2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED SECRETARY OF STATE DOCUMENT # P02000062619 DIVISION OF CORPORATIONS 1. Entity Name RICK HELD, INC. 03 AUG 28 AM 8: 00 Principal Place of Business Malling Address 2271 SPRINGRAIN DR 2271 SPRINGRAIN DR CLEARWATER, FL 33763 CLEARWATER, FL. 33763 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #. etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name HELD. ERIC 2271 SPRINGRAIN DR Street Address (P.O. Box Number is Not Acceptable) CLEARWATER, FL 33763 CIN Zip Code 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. I am familiar with, and accept SIGNATURE (NOTE: Registered Agent Signature required when reinstating) FILE NOW!!! FEE IS \$450.00 After May \$ 2003 Fee will be \$650.00 Amended UBR IS \$61.25 Creek Payable to Florida Dapartment of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. / 11. TILLE D Delete TOLE ☐ Change Addition HELD, ERIC NAME NAUÆ 900022637149 08/28/03--01072--011 **55 2271 SPRINGRAIN DR STREET ADDRESS STREET ADDRESS **550.00 CLEARWATER, FL 33763 CHY-ST-ZP CITY-ST-ZIP Addition TITLE · Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE TELE 📋 Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP" CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP Delete TITLE Change TITLE Addition | NAME NAME STREET ADDRESS STREET ADDRESS C11Y-51-ZP COV-ST-21P ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAUE STREET ADDRESS STREET ADDRESS CITY-ST-2IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

Caytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR