2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2000 8:00 am Secretary of State DOCUMENT # **P22325** 1. Entity Name RYCOLINE INCORPORATED 02-05-2000 90020 046 ***150.00 Mailing Address Principal Place of Business 312 SE 17TH ST. 312 SE 17TH ST. SUITE 300 SUITE 300 FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316-2524 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2686229 Not Appen Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PALMER, CHARLES L.,III Street Address (P.O. Box Number is Not Acceptable) 312 SE 17TH STREET SUITE 300 FORT LAUDERDALE FL 33316 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. SIGNATURE DATE 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, 2000 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 OFFICERS AND DIRECTORS 11. ______ CE₀ Change TITLE Delete TITLE NAME PALMER, CHARLES L. 312 SE 17TH STREET SUIT E300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Change L ***** Delete TITLE NICHOL, NORMAN J. NAME NAME STREET ADDRESS 312 SE 17TH STREET SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change ☐ Additio Delete ANDERSON, GARY A~ NAME STREET ADDRESS 312 SE 17TH STREET SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change ☐ Additio ☐ Delete TITLE TITLE ROCHE, JAMES M. NAME STREET ADDRESS 312 SE 17TH STREET STE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL TITLE Change ☐ Additio Delete TITLE NAME DRESSLER, SHARON K NAME STREET ADDRESS STREET ADDRESS 312 SE 17TH STREET SUITE 300 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL

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 is changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2.2.00

954-463-0681

Daytime Phone #

☐ Change

☐ Addition