2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P26198** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name REICO, INC. 04-24-2000 90031 009 ***150.00 Principal Place of Business Mailing Address 1209 ORANGE ST. 65 HILL AVE WILMINGTON DE 19801-1120 SUITE B FT. WALTON BEACH FL 32548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2973441 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --- 7.- Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition PD ☐ Change TITLE ☐ Delete TITLE IRONS, RONALD E. NAME STREET ADDRESS STREET ADDRESS 737 HOLLYWOOD BLVD., N.W. CITY-ST-ZIP CITY-ST-ZIP FT. WALTON BEACH FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE WILKE, DONALD R. NAME NAME STREET ADDRESS 737 HOLLYWOOD BLVD., N.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. WALTON BEACH FL Change ☐ Addition TITLE - - - Delete TITLE POMROY, ROBERT A. NAME NAME STREET ADDRESS STREET ADDRESS 737 HOLLYWOOD BLVD., N.W. CITY-ST-ZIP CITY-ST-ZIP FT. WALTON BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 like empowered.

Donald R. Wilke 17 April 2000

D OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR