2001 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2001 8:00 am Secretary of State **DOCUMENT # P37902** THE REKO CO., INC. 02-07-2001 90156 048 ***150.00 Principal Place of Business Mailing Address 113 SEA MARSH ROAD 113 SEA MARSH ROAD FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 22-2517951 Not Applicable Zip Country Zip 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 WALKER, RONALD O. Street Address (P.O. Box Number is Not Acceptable) 113 SEA MARSH ROAD FERNANDINA BEACH FL 32034 City 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 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DCP TITLE ☐ Defete TITLE ☐ Addition Change WALKER, RONALD O. NAME 113 SEA MARSH RD. STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition □ Change WALKER, KENNETH E. NAME NAME STREET ADDRESS 3 BELFAIR COURT STREET ADDRESS CITY-ST-ZIP HILTON HEAD SC CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition WALKER, KENNETH E. NAME **3 BELFAIR COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HILTON HEAD SC CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIŤLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment

h an address, with all other like empowered

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

FILED