CR2E034 (9/01

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am DOCUMENT # P94000034943 **Secretary of State** 1. Entity Name 02-05-2002 90070 016 ***150.00 H. RICE REALTY, INC. Principal Place of Business Mailing Address 3046 S CONGRESS AVE 3046 S CONGRESS LAKE WORTH FL 33461 LAKE WORTH FL 33461 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 65-0484793 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 YEEND, JOHN M Street Address (P.O. Box Number is Not Acceptable) 1109 SOUTH CONGRESS AVE. W PALM BEACH FL 33406 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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. TITLE ☐ Delete TITLE Addition RICE, HERBERT S JR NAME NAME STREET ADDRESS 3046 S CONGRESS AVE STREET ADDRESS LAKE WORTH FL 33461 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TS ☐ Delete TITLE YEEND, JOHN STREET ADDRESS 1109 SOUTH CONGRESS AVE STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL 33406 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Delete TITLE TITLE □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME 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

SIGNATURE:

changed, or on an attachment with

ElHerbert S. Rice, Jr 1/6/02

Daytime Phone #