TITLE S Delete MASELEY JOHN STREET ADDRESS CITY-ST-ZIP CAPE CAPE CAPE ADDRESS CITY-ST-ZIP CONCRESS CITY-ST-ZIP Delete MAME STREET ADDRESS CITY-ST-ZIP CAPE CAPE CAPE CAPE CAPE CAPE CAPE CAP	2001 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P9400078319  1. Entity Name R & S CONST., INC.								FILED May 01, 2001 08:00 AM Secretary of State					
2. Principal Pace of Business   2. Mailing Address   2. Mailing Address	<u>-</u> '		<u>.                                    </u>	-		·								
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   DO NOT WRITE IN THIS SPACE		BOUR BEACH	FL			FL								
City A State  City & State  Country  S. Centricate of Status Desired:  S. Converty  S. S. Converty  S	2. Principal P	Tace of Business		3. Mailing Address										
SUBNATURE    Substitution   Substitu	Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
And the properties of the purpose of changing as registered Agent 7. Name and Address of New Registered Agent 7. Name and Address 7. Name and Address 7. Name 3. Name	City & State	е		City & State					02		— <del> </del>		<u>_</u>	
BURNIALW SHERRY I.  BURNIALW SHERRY I.  STreet Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Numbe	Zip	Counti	ry	Zip	Coun	ntry	- 1			ď □	\$8.75 A	dditional		
AND ARACHED BRIVE  NOISH HARROUR BEACH  NOISH SERVE L  Street Address (P.C. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  S. 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  SHERRY L. BURKLEW  Symulin, speet or presed wine of registered agent agen		6. Name and Add	iress of Current Re	gistered Agent			7.	Name and A	ddress of Ne	w Registered		·····		
City FL 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  SHERRY L. BURKLEW  Symbol speed of pened to the selection of							ddress (P.O.	Box Number	is Not Accepte	ıble)		<u>-</u> -	_	
6. 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:  SHERRY L. BURKLEW  Separate, paper or worked texes of injections capted and the 1e acticular.  9. This corporation is eligible to assistly its Intengible.  Task filling requirement and elects to do so.  (See criteria or back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  V MALABAR  FIL 32950  OTY-57-2P  TITLE  SARCHERY L. BURKLEW  MARK DEVELOPMENT OFFICERS AND DIRECTORS IN 11  TITLE  S ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  S ADDITIONS/CHANGES TO OFFICERS AND			FL				•••				<u></u>	<b>_</b> _	<u></u>	
SIGNATURE SHERRY L. BURKLEW    Street Appears of the properties of	32937 US				City				Fl	Zip Co	ode			
(See criteria on back)    Make Check Payable to Department of State	9. This corporate flags filling r	SHERRY L. Signature, typed or printed na pration is eligible to sar requirement and elects	BURKLEV ame of registered agent and tisfy its Intangible s to do so.	Vittle if applicable. (NOTE	Registere	d Agent signat.  IS \$150.6 Will be \$5	ore required when	reinstating)	ion Campaign	DATE	\$5			
TITLE V HINKLE LLOYD D Delete NAME HINKLE LLOYD STREET ADDRESS SCHOCKEY RD STREET ADDRESS CITY-ST-ZP MALABAR FL 32950 CITY-ST-ZP MASEERY JOHN STREET ADDRESS CITY-ST-ZP CAPE CANAVERAL FL 32920 CITY-ST-ZP CAPE CANAVERAL F		ria on back)		Make Check Payab	e to D	epartment	of State							
SIREET ADDRESS  201 CHANCLER ST #921  CITY-ST-ZIP  CAPE CANAVERAL  FL 32920  SIREET ADDRESS  CITY-ST-ZIP  CAPE CANAVERAL  FL 32920  CITY-ST-ZIP  CAPE CANAVERAL  FL 32920  SIREET ADDRESS  CITY-ST-ZIP  ITILE  Delete  ITILE  MAME  STREET ADDRESS  CITY-ST-ZIP  ITILE  MAME  STREET ADDRESS  CITY-ST-ZIP  ITILE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRE	TITLE NAME STREET ADDRESS	HINKLE LI 3540 COREY RD		☐ Delete	TITLI NAM STRE	IE EET ADDRESS	A	DDITIONS/C	HANGES TO (	<u>OFFICERS AN</u>		<del> </del>	334 (11/	
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS 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.  SIGNATURE: Sherry L. Burklew  D 05/01/2001	NAME STREET ADDRESS			☐ Delete	NAM STRE	ET ADDRESS				W -	Change	e 🗌 Addition		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davisme Phone #	of the cor changed,	poration or the receive or on an attachment v	nerrental report is true or trustee empowe with an address, with	ge and accurate and that me red to execute this report a n all other like empowered.	as requi	ture shall ha red by Cha	ave the same pter 607, Flo	e legal effect a rida Statutes;	as if made und and that my n 05/01/2001	ler oath; that I ame appears	am an offic in Block 11	er or director or Block 12 if		

Date

Daytime Phone #