2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P95000032195 R & D DEVELOPMENT, INC. 01-30-2001 90193 040 ***150.00 Principal Place of Business Mailing Address 26445 BUCK LANE P O BOX 366128 **BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34135** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0582556 Not Applicable \$8.75 Additional NSA Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEEPLES, C. PERRY Street Address (P.O. Box Number is Not Acceptable) 8889 PELICAN BAY BLVD 300 NAPLES FL 34108 Zip Code City FL 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, 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 TITLE Delete TITLE Change ☐ Addition RUBINTON, JON NAME NAME 15400 Milanlane 26325 MAHOGANY PT. CT. STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition DUCHARME, DUANE NAME NAME 7401 BAY COLONY DRIVE STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP CITY-ST-ZIP PD TITLE TITLE Change ☐ Addition ☐ Delete RUBINTON, JON 15400 Milanlane NAME NAME STREET ADDRESS PO BOX 366128 STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34136** CITY-ST-ZIP ☐ Delete TITLE [] Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR