2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State DOCUMENT # P95000075612 1. Entity Name 05-06-2002 90076 030 ***150 00 RELUCTANT ENTREPRENEUR, INC. Mailing Address Principal Place of Business 3060 PAR DR 936 BEACHLAND BLVD. VERO BEACH FL 32960 VERO BEACH FL 32963 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0609636 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required ~ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAILLET, STEPHEN J Street Address (P.O. Box Number is Not Acceptable) 936 BEACHLAND BLVD. VERO BEACH FL 32963 8. The above named Intity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT PLATEREN CR2E034 (9/01) Addition Change Delete TITLE TITLE 936 BEACH LAND 340 NAME NAME MAILLET, SANDRA L STREET ADDRESS STREET ADDRESS 3060 PAR DRIVE USRO BEACH a 32963 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960-4979 ☐ Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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.

FILED