2002 UNIFORM BUSINESS REPORT (UBR)

Sep 02, 2002 8:00 am Secretary of State DOCUMENT # P96000027419 1. Entity Name 09-02-2002 90148 024 ***550.00 R & I CONSULTANTS, INC. Principal Place of Business Mailing Address 3381 MINNOW CREEK DRIVE 3381 MINNOW CREEK DRIVE SPRING HILL FL 34607 SPRING HILL FL 34607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3370602 Not Applicable Zip Country Żio 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 RODRIGUEZ, RODDY Street Address (P.O. Box Number is Not Acceptable) 3381 MINNOW CREEK DRIVE SPRING HILL FL 34607 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (4/02) ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME RODRIGUEZ, RODDY STREET ADDRESS STREET ADDRESS 3381 MINNOW CREEK DR. CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34607 ☐ Change ☐ Delete THILE Addition TITLE vps NAME RODRIGUEZ, IRIS G STREET ADDRESS 3381 MINNOW CREEK DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34607 Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

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 attachme h all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

FILED