FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 20, 2002 8:00 am P97000038143 DOCUMENT # **Secretary of State** 1. Entity Name R & W MAINTENANCE, INC. 02-20-2002 90170 050 ***150.00 Principal Place of Business Mailing Address MINTER GARDEN FL 34787 Change of address 17217 SANDHILL ROAD WINTER GARDEN FL 34787 Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State Winter Garden, Fl. 4. FEI Number inter Garden 59-3444173 Not Applicable \$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 WATERS, RON Street Address (P.O. Box Number is Not Acceptable) 10429 LAKE LOUISA RD. CLERMONT FL 34711 Zin Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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, 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 12. TLE ! TITLE ☐ Addition ☐ Delete Katherine E. Waters - VP WATERS, KATHERINE E AME NAME TREET ADDRESS 10429 LAKE LOUISA RD STREET ADDRESS 9815 Quiet Lane TY-ST-ZIP **CLERMONT FL 34711** CITY-ST-ZIP Wither Garden, Fl. 34787 TLE ☐ Delete TITLE Rohald & Waters - P 9815 Quiet Lane AME WATERS, RONALD E NAME FREET ADDRESS 17217 SANDHILL ROAD STREET ADDRESS WINTER GARDEN FL 34787 CITY-ST-ZIP TLE ☐ Delete ☐ Addition TITLE AME REET ADDRESS STREET ADDRESS CITY-ST-ZIP TY-ST-ZIP ÎLE ☐ Delete TITLE ☐ Change Addition and a second ME. NAME REET ADDRESS STREET ADDRESS CITY-ST-ZIP TY-ST-7IF □ Change ☐ Addition ñЕ ☐ Delete TITLE NAME ME REET ADDRESS STREET ADDRESS ţ. ry-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition ŘΕ NAME ĺΜΕ REET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIREKonald E. Waters 2/4/02 407-654-2179

FICER OR DIRECTOR

Date

Date