2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P97000071854 Aug 22, 2000 8:00 am Secretary of State 1. Entity Name R & G GROUP INTERNATIONAL, INC. 08-22-2000 90002 002 ***550.00 Principal Place of Business Mailing Address 9554 KEVIN ROAD 9554 KEVIN ROAD JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 A0073749 2. Principal Place of Business 3. Mailing Address 1148 Delaware 1148 Delaware Ave Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3466643 GA H七しのいせの Not Applicable Atlanta Country \$8.75 Additional 5. Certificate of Status Desired 30316 30316 Fultor Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOYLE, RICHARDSON J Street Address (P.O. Box Number is Not Acceptable) 9554 KEVIN ROAD JACKSONVILLE FL 32257 City 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. 8-7-00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) title if applicable FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS ☐ Delete Addition TITLE TITLE DOYLE, RICHARDSON J NAME NAME 1148 Delaware Ave STREET ADDRESS 9554 KEVIN ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 Atlanta, GA D Change 1 ☐ Addition TITLE Delete TITLE VALEV, GEORGE NAME NAME DELAWARE AVE. STREET ADDRESS 700 COLLEGE STREET, BX#1766 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BELOIT WI 53511 ☐ Change — ☐ Addition Delete -TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY - ST - ZIP ☐ Delete Change Addition TITLE 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-ZIE

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

CONSTURY BOUTH CRORGE VALEY

☐ Defete

8-7-00 (77

(770]760-8949

Change

☐ Addition

Daytime Phone #