2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

IGNATURE AND TY

FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P97000077040 RIX ENTERPRISE, INC. 05-03-2001 90061 028 ***150.00 Principal Place of Business Mailing Address 5186 SEA BELL ROAD 5186 SEA BELL ROAD SANIBEL FL 33957 SANIBEL FL 33957 3. Mailing Address 2. Principal Place of Business 6090 DINKING LAKE ROAD 6090 DINKINS LAKE ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SANIBEL SANIBEL City & State Applied For City & State 4. FEI Number 65-0780734 3 *3 4*5 7 33957 Not Applicable Country Zip 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 MURTY, TIMOTHY J Street Address (P.O. Box Number is Not Acceptable) 1633 PERIWINKLE WAY SUITE A SANIBEL FL 33957 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. **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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 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. TITLE Delete TITLE 6090 DINKINS LAKE ROAD SILHAVY, RICKEY P NAME NAME 5186 SEA BELL ROAD STREET ADDRESS STREET ADDRESS SANIBEL, FL. 33957 CITY-ST-ZIP SANIBEL FL 33957 CITY-ST-ZIP 6090 PIURIUS LAKE KOAS Change TIT! F TITLE ☐ Delete SILHAVY, DIANE A NAME NAME 5186 SEA BELL ROAD STREET ADDRESS STREET ADDRESS SANIBEL , FL. 33957 CITY-ST-ZIP SANIBEL FL 33957 CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME 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.