2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 14, 2000 8:00 am Secretary of State DOCUMENT # P98000072436 R&J RODGERS CONSULTING, INC. 04-14-2000 90016 022 ***150.00 Mailing Address Principal Place of Business 4830 NE 28TH AVENUE 4830 NE 28TH AVENUE LIGHTHOUSE POINT FL 33064-7914 LIGHTHOUSE POINT FL 33064 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0870220 Not Applicable Country \$8.75 Additional 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 Name RODGERS, REBECCA J Street Address (P.O. Box Number is Not Acceptable) 4830 NE 28TH AVE LIGHTHOUSE POINT FL 33064 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Tax filling 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 11. OFFICERS AND DIRECTORS 12. TITLE Change Addition PD ☐ Delete TITLE NAME NAME RODGERS, REBECCA J STREET ADDRESS STREET ADDRESS 4830 NE 28TH AVENUE CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT_FL 33064 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME RODGERS, JOHN T STREET ADDRESS STREET ADDRESS 4830 NE 28TH AVENUE CITY-ST-7/P CITY-ST-ZIF LIGHTHOUSE POINT FL 33064 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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.

CR2E034 (9/99)