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SIGNATURE:

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2001 8:00 am DOCUMENT # P98000072436 Secretary of State R&J RODGERS CONSULTING, INC. 01-16-2001 90043 028 ***150.00 Mailing Address Principal Place of Business 4830 NE 28TH AVENUE 4830 NE 28TH AVENUE LIGHTHOUSE POINT FL 33064 001573 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. FFI Number City & State City & State 65-0870220 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RODGERS, REBECCA J Street Address (P.O. Box Number is Not Acceptable) 4830 NE 28TH AVE LIGHTHOUSE POINT FL 33064 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. (NOTE: Registered Agent signature required when reinstating) 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. SR2E034 (10/00) ☐ Addition ☐ Change TITLE 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 ☐ Channe TITI F ☐ Delete TITLE NAME NAME RODGERS, JOHN T STREET ADDRESS STREET ADDRESS 4830 NE 28TH AVENUE CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition √ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 experimental 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 Reference T. Rodgers, Press.