FILED 2001 UNIFORM BUSINESS REPORT (UBR) Feb 01, 2001 8:00 am DOCUMENT # P98000077959 **Secretary of State** 1. Entity Name 02-01-2001 90175 029 ***150.00 R. J. BUSCH, INC. Principal Place of Business Mailing Address 5428 N. DEAN ROAD 5428 N. DEAN ROAD 815085 ORLANDO FL 32817 ORLANDO FL 32817 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3532864 Not Applicable Zip Country Zin 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 BRENNAN, RICHARD T Street Address (P.O. Box Number is Not Acceptable) 5428 N. DEAN ROAD ORLANDO FL 32817 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 SIGNATURE 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 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 MAY 1, 2001 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) ☐ Addition TITLE Delete TITLE NAME BRENNAN, RICHARD T STREET ADDRESS STREET ADDRESS P.O. BOX 1036 CITY-ST-ZIP CITY-ST-ZIF APOPKA FL 32704 TITLE ☐ Delete TITI F ☐ Change NAME PAULEY, JACK S STREET ADDRESS STREET ADDRESS 310 E. SANDPIPER ST. CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 Delete ☐ Change ☐ Addition TITLE TITLE NAMÉ WASDIN, ROBERT C STREET ADDRESS STREET ADDRESS 5428 N. DEAN ROAD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32817 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BUSCH, RANDY J NAME NAME STREET ADDRESS STREET ADDRESS 5428 N DEAN RD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32817

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 attachrapt-tuith an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

ACMATURE OF PRINCE DAME OF SIGNING DEFICER OR DIRECT

☐ Delete

☐ Delete

407-657-6739

Date

Daytime Phone #

☐ Change

☐ Change

☐ Addition

☐ Addition