2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 28, 2001 8:00 am DOCUMENT # P98000079263 **Secretary of State** 1. Entity Name RFD GROUP, INC. 02-28-2001 90116 015 ***150.00 Mailing Address Principal Place of Business 4900 MANATEE AVE., WEST #101 4900 MANATEE AVE., WEST #101 **BRADENTON FL 34209 BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0860603 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent WENZEL, ROBERT L CPA 1100 S. TAMIAMI TRAIL STE. 202 SARASOTA FL 34236 e of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE TITLE Addition Delete NAME MONTGOMERY, LOUIS A NAME STREET ADDRESS 7554 BRIAR CLIFF CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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-of 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 with all other like empowered

SIGNATURE