2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 24, 2001 8:00 am Secretary of State DOCUMENT # P98000079612 1. Entity Name RICTUR, INC. 01-24-2001 90019 018 ***150.00 Principal Place of Business Mailing Address 2101 SUSSEX COURT 2101 SUSSEX COURT PALM HARBOR FL PALM HARBOR FL Principal Place of Business Mailing Address 50 115 19 NOM DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. UNIT Applied For 4. FEI Number 59-3538895 EZ. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TURK, RICHARD H Street Address (P.O. Box Number is Not Acceptable) 2101 SUSSEX COURT PALM HARBOR FL Zip Code FL r registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing ed 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change ☐ Delete TITLE TITLE TURK, RICHARD H NAME NAME 2101 SUSSEX COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE TURK, CAROL S NAME NAME STREET ADDRESS 2101 SUSSEX SOUTH STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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 attechment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2001

727-943-0129

Daytime Phone #