CR2E034 (10/00)

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 14, 2001 8:00 am Secretary of State DOCUMENT # P98000083269 1. Entity Name 04-14-2001 90002 001 ***150.00 R & R SALES, INC. ` `* Principal Place of Business Mailing Address 7416 COUNTY ROAD 795 P.O. BOX 893 LIVE OAK FL 32060 LIVE OAK FL 32064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3536357 Applied For Not Applicable Zip Country 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 **NOBLES, RONNY W** Street Address (P.O. Box Number is Not Acceptable) 7416 COUNTY ROAD 795 LIVE OAK FL 32064 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. \$IGNATURE: "Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NOBLES, RONNY W NAME NAME P.O. BOX 893 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LIVE OAK FL 32064 SDV Change ☐ Addition TITLE ☐ Delete TITLE NOBLES, RANDY K NAME NAME P.O. 30X 893 STREET ADDRESS STREET ADDRESS LIVE OAK FL 32064 CITY-ST-ZIP CITY-ST-ZIP Delete" ÎME Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAMÉ NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CiTY-ST-7IP

☐ Delete

Ronny W. Nobles

☐ Change

☐ Addition