2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000101678 May 08, 2000 8:00 am Secretary of State ROCK STEADY ENTERPRISES, INC. 05-08-2000 90092 008 ***150.00 Mailing Address Principal Place of Business 4773 PINEBREEZE BLVD. 4773 PINEBREEZE BLVD. CALLAHAN FL 32011 CALLAHAN FL 32011-5628 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3550068 Not Applicable Zip Country Zip 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 Name PRESSEL. RENA M Street Address (P.O. Box Number is Not Acceptable) 4773 PINEBREEZE BLVD. CALLAHAN FL 32011 Zip Code City 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. Change ☐ Delete TITI F TITLE PRESSEL, RENA M NAME NAME STREET ADDRESS STREET ADDRESS 4773 PINE BREEZE BLVD CITY-ST-ZIP CITY-ST-7IP CALLAHAN FL 32011 ☐ Change ☐ Addition TITLE ☐ Delete ALVEY, CATHERIN E NAME NAME STREET ADDRESS STREET ADDRESS 4664 PINBREEZE BLVD CITY-ST-ZIP CITY-ST-ZIP CALLAHAN FL 32011 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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.

SIGNATURE:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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