2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9900000133 May 24, 2000 8:00 am Secretary of State 1. Entity Name R.K.B. ASSOCIATES INC. 05-24-2000 90072 033 ***150.00 Mailing Address Principal Place of Business 66 N ATLANTIC AVE STE 204 66 N ATLANTIC AVE STE 204 COCOA BEACH FL 32931 COCOA BEACH FL 32931-4327 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 65-0887057 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARCANT, RICHARD K Street Address (P.O. Box Number is Not Acceptable) 66 N ATLANTIC AVE STE 204 COCOA BEACH FL 32931 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** Mav 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 11. OFFICERS AND DIRECTORS 12. THILE W. Se. P.VST . TITLE ☐ Change ☐ Delete BARCANT, RICHARD K NAME NAME STREET ADDRESS 1800 S ORLANDO AVE UNIT 3 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP COCOA BEACH FL 32931 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BARCANT, RICHARD K NAME STREET ADDRESS 1800 S ORLANDO AVE UNIT 3 STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP `□ Change ☐ Addition Delete TITLE BARCANT, KEVIN NAME NAME 233 ANTIGUA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE BARCANT, MAREN NAME NAME 233 ANTIGUA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP ☐ Delete TITLE Addition CONNIE MALLARD NAME NAME 3622 TIGEREYE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FLORIDA 33860 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 /30 /00

301-784-6602 PR 321-783-7989

Daytime Phone #