2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 02, 2001 8:00 am Secretary of State DOCUMENT # P99000008549 R & M SALES & SERVICES, INC. 02-02-2001 90276 011 ***150.00 Principal Place of Business Mailing Address 8521 23RD ST 8521 23RD ST ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540 108223 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable. Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code FL 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PTD TITLE ☐ Delete ☐ Change BAKER, ROY E NAME NAME 8521 23RD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-ZEPHYRHILLS FL-33540 CITY-ST-ZIP. ☐ Delete ☐ Addition BAKER, MARION D NAME NAME STREET ADDRESS 8521 23RD ST STREET ADDRESS ZEPHYRHILLS FL 33540 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. If 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.

CITY-ST-7IP

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

□ Delete

Delete

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

Change

☐ Change

☐ Addition

☐ Addition