∕2000 l	JNIFORM BUS	NESS REPO	RT (UB	R)	FILED
DOCUMENT # P9900030025/					Jun 09, 2000 8:00 am Secretary of State
RU Ex	perienced	Consulti	ng, Ir	٦c.	06-09-2000 90024 026 ***158.75
	Business E 14th Street	· · · · · · · · · · · · · · · · · · ·	same		
	Raton, FL 3				D0062753
2. Principal Place 3540 Suite, Apt. #, etc	Stratton Lane	3. Mailing Address P. D. Bo X Suite, Apt. #, etc.	15255	Ś	DO NOT WRITE IN THIS SPACE
Boynto Zip 4 C	i Country .	City & State Palm West Palm	Country	FL	4. FEI Number Applied For Not Applied For
334 <u>34</u>	O USA . Name and Address of Current I	33416-5255 Registered Agent	Country		5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent
RU Expe Chri	erienced Consustopher K. R.	obbins		Cho ddress (F	istopher K. Robbins P.O. Box Number is Not Acceptable)
	Raton, FL.		35°	40	Stratton Lane ton Beach FL 33436
			registered office o	r registere	ed agent, or both, in the State of Florida.
SIGNATURE	Christopher 7 ture, typed or printer name of registered agent a	Colonia (NOTE	Chris Tegistered Agent signal	tophe urdrequired	r K. Robbins 4/35/00 when reinstalling) DATE
	n is eligible to satisfy its Intangible rement and elects to do so.	■ 2000年に発表的の自己を必要する場合によっていただけます。 こうしょうじょうてん マ	II FEE IS \$150. 00 Fee will be \$ ile to Departmen	550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.	OFFICERS AND	DIRECTORS	12.	o-transferen	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME		☐ Delete	TITLE NAME	Ch_	ristopher K. Robbins Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	10	40 Stratton Lane ynton Beach FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700 20 B0	dd M. Robbins Change Addition S.E. 14th Street, Suite 107 ca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Li. 35°	s Farinas Change Addition to Stratton Lane
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		· Change Addition
indicated on th	his report or supplemental report is	true and accurate and that n	ov signature shall h	lave the s	ction 119.07(3)(i), Florida Statutes. I further certify that the information arme legal effect as if made under oath; that I am an officer or director, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR