FILED
Jul 11, 2002 8:00 am
Secretary of State
05-02-2002 90108 008 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032712

1. Entity Name: Resources of Eastern Fla Inc
PO. Box 998
Vero Beach, FL 32961-0998

[redacted] 9.6.9.1

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
Vero Beach FL	PO Box 998	65-0924529	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State: Vero Beach FL		
Zip / Country	Zip: 32961-0998 Country: Indian Riv	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: W. C. Graves IV

Street Address (P.O. Box Number is Not Acceptable): 6655 8th Street
~~PO Box 998~~

City: Vero Beach FL Zip Code: ~~32961~~ 32968

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: W C Graves IV 4/17/02
Signature, typed or printed name of registered agent and title if applicable. DATE: Required Agent signature required when reinstating.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

Current UBR is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VICE PRESIDENT
NAME	W. C. Graves, IV
STREET ADDRESS	PO BOX 998
CITY-ST-ZIP	VERO BEACH, FL 32961
TITLE	President
NAME	Michael R Ziegler
STREET ADDRESS	3375 12th ST
CITY-ST-ZIP	Vero Beach, FL 32960
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: W C Graves, IV - Vice-Pres W. C. Graves, IV 4/17/02 561-569-5733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #