FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 15, 2000 8:00 am DOCUMENT # P99000033506 Secretary of State 03-15-2000 90031 005 ***158.75 **RICK & RICK, INC.** Mailing Address Principal Place of Business 46 N WASHINGTON BLVD. #1 46 N WASHINGTON BLVD. #1 U0037496 SARASOTA FL 34236-5932 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address 5831 CENTER RING ROAD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0917946 SARASOTA FLNot Applicable Zip 34243 \$8.75 Additional Country Country 凼 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEINER, NEVIN A Street Address (P.O. Box Number is Not Acceptable) 46 N WASHINGTON BLVD. #1 SARASOTA FL 34236 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) DATE FILÉ 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, 2000 Fee will be \$550.00 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. D_{P} CR2E034 (9/99 Change XX Addition ☐ Delete TITLE TITLE UKMAR, RICK NAME NAME 5831 CENTER RING ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP D,S,T ☐ Delete ☐ Change **XX** Addition TITLE TITLE NAME SNOWDEN, RICK NAME STREET ADDRESS STREET ADDRESS 5831 CENTER RING ROAD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Delete TITLE 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-ZIF ☐ Change ☐ Addition ☐ Dalete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

(800)385-7875 SIGNATURE: INTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # RICK UKMAR, President

with all other like empowered

changed, or on an attachment with an address,