2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

Mar 08, 2001 8:00 am Secretary of State DOCUMENT # P99000042395 Entity Name **R&D HOMES, INC.** 03-08-2001 90075 047 ***150.00 Principal Place of Business Mailing Address 26445 BRICK LANE 26445 BRICK LANE BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134 2. Principal Place of Business Mailing Address 15400 N Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3577156 Not Applicable Country 1)SA \$8.75 Additional 5. Certificate of Status Desired ____ [Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARLICK, THOMAS B ESQ. Street Address (P.O. Box Number is Not Acceptable) 8889 PELICAN BAY BOULEVARD, SUITE 300 NAPLES FL 34108 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 site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 _10. Election Campaign Financing \$5.00 May 80 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CH2E034 (10/00) Delete TITL F RUBINTON, JON NAME NAME 15400 Milan lane STREET ADDRESS 26445 BRICK LANE STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS FL 34134 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition RUBINTON, JON NAME NAME 26445 BRICK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-7IP Defete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TETE F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIJI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplierpental report is true and accurate anothat 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 place like empowered.

FILED