2001 UNIFORM BUSINESS REPORT (UBR) May 11, 2001 8:00 am Secretary of State DOCUMENT # P99000065217 1. Entity Name R W DESIGNS, INC. 05-11-2001 90107 009 ***150.00 Principal Place of Business Mailing Address 3617 CROWN POINT ROAD P.O. BOX 24668 SUITE #4 JACKSONVILLE FL 32241 JACKSONVILLE FL 32257 Mailing Address :Johns Blu Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 59-3588938 Applied For Not Applicable \$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 Name HERNANDEZ: MERIDITH ALLEN Box Number is No Pureptation 3617 CROWN POINT ROAD SUITE #4 JACKSONVILLE FL 32257 The above named SIGNATURE FILE NOW!!! FRE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TIFLE Defete Change ☐ Addition WARCHOL, RICHARD HAMÉ POST OFFICE BOX 24668 N/A STREET ADDRESS STREET ADDRESS CITY-SI-ZIE JACKSONVILLE FL 32241-4668 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition HALIE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete DRE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIE CITY-ST-7/P DINE Delete THE ☐ Change Addition DAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-2IP CITY-ST-ZIP Delete TITLE ☐ Change Addition HALIÉ NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP TITLE Delete THE Change 🛚 🔲 Addition HAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-7IF CITY-ST-ZIP 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 conditionated 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; the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appear.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: