2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2000 8:00 am DOCUMENT # **P99000067407** Secretary of State 1. Entity Name RGSTUTTS, INC. 05-01-2000 90006 024 ***150.00 Mailing Address Principal Place of Business 818 LKAE MARION DRIVE 818 LKAE MARION DRIVE ALTAMONTE SPRINGS FL 32701-7973 ALTAMONTE SPRINGS FL 32701-7973 2. Principal Place of Business 3. Mailing Address 251 MAITLAND AVENUE 251 MAITLAND AVENUE Suite Apt. #, etc. Suite, Apt. #, etc. SuitE # 114 4. FEI Number City & State Applied For City & State 59-3590943 ALTAMONTE SPRINGS, FL ALTAMONTE SPRINGS, Not Applicable Zip 32701-\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROBERT G. Stutts Street Address (P.O. Box Number is Not Acceptable) STUTTS, ROBERT G 818 LKAE MARION DRIVE ALTAMONTE SPRINGS FL 32701-7973 818 LAKE MARION DRIVE City ALTAMONIE SPRINGS 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 FILE 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. CR2E034 (9/99) ☐ Addition TITLE TITLE Delete STUTTS, ROBERT G. STUTTS, ROBERT G NAME NAME 818 LAKE MARION DRIVE STREET ADDRESS STREET ADDRESS 818 LKAE MARION DRIVE ALTAMONTE SPRINGS, FL 32701-7973 CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701-7973 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CÎTY-ST-ZIP CITY-\$T-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

□ Addition