2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 28, 2000 8:00 am Secretary of State DOCUMENT # P99001088590 1. Entity Name RETTERATH CONSULTING, INC. 04-28-2000 90070 020 ***150.00 Principal Place of Business 768HYDE PARK RD 768 HYDE PARK RD LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL UUU40631 2. Principal Place of-Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0953306 Not Applicable Zip Country \$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 SPIEGEL + UTRERA, P.A. 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL. 33134 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 11. PRESIDENT Addition TITLE Delete TITLE RONALD CRETTERATH NAME / NAME 768 HYDE PARK RD STREET ADDRESS STREET ADDRESS LOXAHATCHEE, FL 33470 CITY-ST-7IP CITY-ST-ZIF SECRETARY ☐ Addition ☐ Change TITLE Delete RONALD CRETTERATH NAME 768 HYDE PARK RD STREET ADDRESS STREET ADDRESS LOSAHATCHEE, FL 33470 CITY-ST-ZIP TREASURER TITLE Change Change ☐ Addition ☐ Delete RONALD CRETTERATH 768 HOF PARK RO NAME STREET ADDRESS STREET ADDHESS LOXAHATCHEE, FL 33476 CITY-ST-ZIP CITY-ST-ZIP DIRECTOR Change Addition TITLE ☐ Delete RONALD CRETTERATH NAME 768 HYDE PARK RD STREET ADDRESS STREET ADDRESS LOXAHATCHEE, FL 33470 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 attendment with an address with all other like empowered.