2000 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2000 8:00 am Secretary of State **DOCUMENT # \$15627** RICH'S NECK TUCK, INC. 05-05-2000 90076 049 ***150.00 Mailing Address Principal Place of Business 2545 E SUNRISE BLVD THE E SUNRISE BLVD FT LAUDERDALE FL 33304-3203 ; LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address 3901 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 65-0231316 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICH. WILLARD Street Address (P.O. Box Number is Not Acceptable) 2545 E SUNRISE BLVD #200 FT LAUDERDALE FL 33304 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 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. 12. ☐ Change ☐ Addition PD TITLE ☐ Delete TITLE RICH, WILLARD P. NAME 2545 E SUNRISE BLVD #200 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33304 Addition ☐ Change **VPD** Delete TITLE HAUTZINGER, RENE NAME STREET ADDRESS 2545 E SUNRISE BLVD #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33304 ___ Change_ Addition TITLE TITLE Delete SHELLY, ERIC J NAME NAME STREET ADDRESS 2545 E SUNRISE BLVD #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33304 Change ■ 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-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

954232.4785

Daytime Phone #