2002 UNIFORM BUSINESS REPORT (UBR)

May 02, 2002 8:00 am Secretary of State DOCUMENT # S15627 1. Entity Name 05-02-2002 90005 011 ***150.00 RICH'S NECK TUCK, INC. Principal Place of Business Mailing Address 3901 S. OCEAN DR 3901 S. OCEAN DR 1-K 1-K HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4._FEI Number __City & State: - _ -_City_& State_____ Applied For 65-0231316 Not Applicable Zip Country 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 RICH, W.P. Street Address (P.O. Box Number is Not Acceptable) 3901 S. OCEAN DR SUITE 1-K HOLLYWOOD FL 33019 City Zip Code F١ 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 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, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE Change ☐ Addition NAME RICH, WILLARD P. NAME 3901 S. OCEAN DR. #1-K STREET ADDRESS 2545 E SUNRISE BLVD #200 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33304 HOLLYWOOD, FL 33019 CITY-ST-ZIP TITLE **VPD** Delete TITLE ☐ Addition NAME HAUTZINGER, RENE NAME 3901 S, OCEAN DR, #1-14 STREET ADDRESS STREET ADDRESS 2545 E SUNRISE BLVD #200 HOLLYWOOD, EL 33019 CITY-ST-ZIP FT-L'AUDERDALE FL-33304 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete 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 attachment with an address, with all other like empowered.

4-18-02 954-

FILED