FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am Secretary of State S17973 DOCUMENT # 1. Entity Name RANGER BUILDING SERVICES, INC. 05-13-2002 90171 025 ***150.00 Mailing Address Principal Place of Business 1995 MUSTANG COURT 1995 MUSTANG COURT ST. CLOUD FL 34771 ST. CLOUD FL 34771 3. Mailing Address 2. Principal Place of Business HERLIN DR 3950 MERLIN DR 39*5*0 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State - --City & State 4. FEI Number 59-3037005 KISSIHHEE Not Applicable CISSIHMEE \$8.75 Additional Country Country Zip 5. Certificate of Status Desired USA Fee Required USA 34741 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FREIN, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 118 EAST JEFFERSON STREET ORLANDO FL 32801 Zip Code City FL 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 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so: After May 1, 2002 Fee will be \$550.00---- - Added to Fees (See priteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Change : DPST TITLE ☐ Delete TITLE BONAR CHARLES W. JR BONAR, CHARLES W. JR. NAME NAME 1506 SUNSET POINT BLVD 1995 MUSTANG CT. STREET ADDRESS STREET ADDRESS ST. CLOUD FL CITY-ST-ZIP KISSI MHEE CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME == STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Detete 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 attachment with an address, with all other like empowered.

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ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

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