2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT #



| 1. Entity Nar R & J IN | DNS, INC. | .00 | | | | 03-03-2003 90963 0 | | | | |
|--|---|---|--|---------------------|---|--|--|----------------|-----------------------------|--|
| 1472 SOUTH | ce of Busines fWIND DRIVE RY FL 32707 | s | Mailing Address 1472 SOUTHWIND DRIVE CASSELBERRY FL 32707 US | | | | | | | |
| 2. Principal Place of Business | | | | ing Address | | | - - - - - | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & State | | | City & State | | | | 4. FEI Number 59-3058248 | <u> </u> | pplied For ot Applicable | |
| Zip | Zip Country | | Zip | | Country | | 5. Certificate of Status Desired | \$8.75 Ad | ditional | |
| | and Address of Currer | t Registere | d Agent | T. | 7. Name and Address of New Registered Agent | | | | | |
| CULTON, ROBERT H., II P.A. | | | | | Name | | | | | |
| 499 EAST CENTRAL PARKWAY | | | | | Street A | street Address (P.O. Box Number is Not Acceptable) | | | | |
| SUITE 120 | | | | | | | | | | |
| ALTAMONTE SPRINGS FL 32701 | | | | | City | | FL Zip Code | | | |
| 8. The above the obligat | named entity tions of regist | y submits this statement ered agent. | for the purpo | ose of changing its | registered office o | r registere | ed agent, or both, in the State of Florida. I am | familiar with, | and accept | |
| SIGNATURE . | | or printed name of registered ager | nt and title if appli | cable. (NOTF | : Registered Agent signa | ture required v | when reinstating) DATE | | ··· | |
| Afte | FEE IS \$150.00 Fee will be \$550.00 Florida Department | | | | | 9. Election Campaign Financing Trust Fund Contribution. [| | 00 May Be | | |
| 10. | | OFFICERS AND | DIRECTOR | RS | 11. | | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTOR: | S IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP '. | | John G. JTHWIND DRIVE ERRY FL 32707 | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MYERS, J 237 ROBI ALTAMON | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | oglifi, short sh | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 696 2746 Daytime Phone #