2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 31, 2001 8:00 am Secretary of State **DOCUMENT # \$87975** R. J. DOUGHERTY ASSOCIATES, INC. 01-31-2001 90065 041 ***150.00 Principal Place of Business Mailing Address 167 BELL AVE 167 BELL AVE OAK HILL FL 32759 OAK HILL FL 32759 UUULLADU 2. Principal Place of Business 3. Mailing Address PACK Rd DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3092773 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 23 Fee Required Name and Address of New Registered Agent Name and Address of Current Registered Agent DOUGHERTY, ROBERT J. 167 BELL AVE OAK HILL FL 32759 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE Delete TITLE DOUGHERTY, ROBERT J. NAME NAME 167 BELL AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OAK HILL FL 32759 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE DOUGHERTY, BARBARA C. NAME STREET ADDRESS STREET ADDRESS 167 BELL AVE OAK HILL FL 32759 CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition

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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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