2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # V33992 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name R TWO SALES, INC. 04-24-2000 90117 036 ***150.00 Principal Place of Business Mailing Address 23032 MARSH LANDING BLVD 23032 MARSH LANDING BLVD ESTERO FL 33928-4325 ESTERO FL 33928 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0345278 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCGUIRE, K PAUL III Street Address (P.O. Box Number is Not Acceptable) 1507 KENWOOD AVE. N. ST. PETERSBURG FL 33704 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 11. OFFICERS AND DIRECTORS 12. CR2En34 /0/90 ☐ Addition ☐ Delete TITLE Change TITLE ROBERTS, ROBIN C NAME 23032 MARSH LANDING BLVD STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIF ESTERO FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE ROBERTS, SANDRA R NAME NAME 23032 MARSH LANDING BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ESTERO FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ 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-7IP CITY-ST-ZIP 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 contrustee 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.

-17-2000