2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072671 Apr 13, 2000 8:00 am Secretary of State R2D2, INC. 04-13-2000 90112 049 ***150.00 Mailing Address Principal Place of Business -- SEVEN OAKS COURT 2033 SEVEN OAKS COURT **ORANGE PARK FL 32073-5914** - PARK FL 32073 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3526780 Not Applicable Country \$8,75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TILLEY, STEPHEN E Street Address (P.O. Box Number is Not Acceptable) 4206 BAYMEADOWS ROAD JACKSONVILLE FL 32217 Zip Code 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 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change Delete TITLE HARBISON, DENNIS NAME NAME STREET ADDRESS 2033 SEVEN OAKS COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32073 Addition Change ☐ Delete TITLE TITLE HARBISON, ROSANNE NAME NAME STREET ADDRESS 2033 SEVEN OAKS COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** ☐ Change ☐ Addition ☐ Delete TITLE TITLE HARBISON, RYAN NAME NAME STREET ADDRESS STREET ADDRESS 2033 SEVEN OAKS COURT CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** Addition ☐ Change □ Detete TITLE HARBISON, DARCIE NAME NAME 2033 SEVEN OAKS COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 of 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 principles empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

904-269-2033

Daytime Phone #