2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 10, 2001 8:00 am Secretary of State **DOCUMENT # V14786 R2R CONSULTING CORPORATION** 01-10-2001 90088 017 ***150.00 Mailing Address Principal Place of Business 3959 S NOVA RD 3959 S. NOVA RD 671384 PORT ORANGE FL 32127 PORT ORANGE FL 32127 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt # etc. Applied For 4. FEI Number City & State 59-3107331 City & State Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YUNKER, RICHARD M Street Address (P.O. Box Number is Not Acceptable) 3959 S NOVA ROAD PORT ORANGE FL 32127 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 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Change ☐ Addition ☐ Delete TITLE TITLE YUNKER, RICHARD M. 3959 S NOVA RD #16 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE YUNKER, RICHARD M. NAME NAME 3959 S NOVA RD #16 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL ☐ Change - - - ☐ Addition Delete --TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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 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.

ICHAND M. YUNKER 1/4/01 (904) 788-0909