2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 06, 2000 8:00 am DOCUMENT # P93000057860 **Secretary of State** BEMAC ENTERPRISES INC. 03-06-2000 90089 045 ***150.00 Mailing: Address Principal Place of Business PO BOX 464 103200 O S HWY #12 KEY LARGO FL 33037 KEY LARGO FL 33037-0464 **NUUMIUU**N 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 65-0444608 Not Applicable Zip Country Zip 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 SUBIC, SANDRA K Street Address (P.O. Box Number is Not Acceptable) 99411 OVERSEAS HWY KEY LARGO FL 33037 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. SIGNATURE 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, 2000 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 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE NAME CLOTHIER, MCNAIR NAME 900 TROPICAL UN. STREET ADDRESS STREET ADDRESS 95100 OVERSEAS HIGHWAY CITY-ST-ZIP CITY-ST-7IP KEY LARGO FL 33037 ☐ Addition TITLE TITLE Delete NAME CLOTHIER, MARY ANNE NAME STREET ADDRESS STREET ADDRESS 95100 OVERSEAS HIGHWAY CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 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 attendance with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-00

305 852-2389

Daytime Phone (