2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTEU NAME OF SIGNING OFFICER OR DIRECTOR

May 04, 2000 8:00 am Secretary of State DOCUMENT # P99000016739 MCKENZIE DEVELOPMENT (USA), INC. 05-04-2000 90172 047 ***150.00 Mailing Address Principal Place of Business 1432 COURT STREET 1432 COURT STREET CLEARWATER FL 33756-6147 CLEARWATER FL 33756 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 City & State 59-356 Not Applicable \$8.75 Additional Zio Country 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 MONTEMARANO, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1432 COURT STREET **CLEARWATER FL 33756** 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE FATHERS, DOUGLAS G NAME NAME STREET ADDRESS STREET ADDRESS 11327 CANTERBURY LANE CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33778** ☐ Addition ☐ Change TITLE ☐ Delete TITLE FATHERS, GERALD NAME NAME STREET ADDRESS STREET ADDRESS 39 NICOLETT AVENUE CITY-ST-ZIP CITY-ST-ZIP WINNIPEG, MB R2M 4X6 CANADA ☐ Change ☐ Addition ☐ Delete TITLE TITLE MONTEMARANO, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 223 SOUTH HILLCREST AVENUE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33756 ☐ Addition ☐ Delete TITLE Change TITLE NAME 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 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

FILED