2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # 507033 1. Entity Name M. D. CARLISLE CORP. OF FLORIDA 03-15-2000 90060 039 ***158.75 Mailing Address Principal Place of Business 1701 LEE ROAD 1701 LEE ROAD WINTER PARK FL 32789-2161 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1692338 Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRANT, JOHN Street Address (P.O. Box Number is Not Acceptable) 1701 LEE ROAD WINTER PARK FL 32789 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. PD Change ☐ Addition TITLE Delete TITLE FELDMAN, HARRY NAME NAME STREET ADDRESS 5305 WOODLAND BLVD STREET ADDRESS CITY-ST-ZIP TAMARAC FL CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE SCHLEIMER, LOUIS NAME 30 JAEGGER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GLEN HEAD NY CITY-ST-ZIP -- [] · Change ---- [] · Addition TITLE - Delete GRANT, JOHN NAME NAME 1458 KETTLEDRUM TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENTERPRISE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE LEWIS, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 1892 COLE DR. CITY-ST-ZIP EAST MEADOW NY CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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

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 attachment with an address, with all other like empowered.

SIGNATURE:

NINTED NAME OF SIGNING OFFICER OR DIRECTOF