2001 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2001 8:00 am Secretary of State **DOCUMENT # 532737** 1. Entity Name MCCALL'S FIX-ALL, INC. 02-26-2001 90500 013 ***150.00 Principal Place of Business Mailing Address 29176 VIOLET DR 29176 VIOLET DR BIG PINE KEY FL 33043 BIG PINE KEY FL 33043 2. Principal Place of Business 3. Mailing Address 3315 Snyder Road DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-1740225 Not Applicable Sebring \$8.75 Additional Highlands 5. Certificate of Status Desired Fee Required MCCALL, LOIS J. 29176 VIOLET DR BIG PINE KEY FL 33043 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. 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition Delete TITLE NAME NAME PELSE, JURIS STREET ADDRESS STREET ADDRESS 1162 NW 79 DR CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33322 1015 J. McCall-Beahtold hange 3315 Snyder Road Sebring, Fh 33870 ☐ Delete TITLE TITLE MCCALL, LOIS J. NAME NAME STREET ADDRESS STREET ADDRESS 29176 VIOLET DR CITY-ST-ZIP CITY-ST-ZIP **BIG PINE KEY FL 33043** nonibbA TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| Signature and type on Printed Name or Signing Officer or Director | Date | Daytime Phone #

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