2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F9700006293 Feb 28, 2001 8:00 am 1. Entity Name Secretary of State MEDEXCO, INC. 02-28-2001 90070 010 ***150.00 Principal Place of Business Mailing Address 11945 143RD ST., NORTH #7116 11945 143RD ST., NORTH #7116 LARGO FL 33774 LARGO FL 33774 110013344 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 52-1852297 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANKIAN, FRANCE Street Address (P.O. Box Number is Not Acceptable) 11945 143 RD ST N SUITE 7116 **LARGO FL 33774** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD ☐ Delete TITLE Addition FRANKIAN, FRANCE NAME 11945 143RD ST. NORTH #7116 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: FRANCE FRANKIAN SIGNATURE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR THE TYP

CR2E034 (10/00)

Change

Addition