2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **F9900003020** 1. Entity Name M M & I SUPPLY COMPANY, INCORPORATED --04-30-2001 90069 010 ***150.00 Principal Place of Business Mailing Address 13170 WHITE MARSH LANE #202 13170 WHITE MARSH LANE #202 FT. MYERS FL 33912 FT. MYERS FL 33912 646158 2. Principal Place of Business 3. Mailing Address SAME 13621 China Berry Way Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-4102807 Fort Myers, Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33908 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Brinkman, George J BRINKMAN, GEORGE J Street Address (P.O. Box Number is Not Acceptable) 13170 WHITE MARSH LANE #202 13621 China Berry Way FT. MYERS FL 33912 Zip Code Fort 33908 8. The above named entity submits this statement for the purpose of changing its registered office agent, or both, in the State of Florida <u>George Brinkman</u> DATE 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, 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 12. PDST ☐ Defete Change PDST BRINKMAN, PAMELA A NAME NAME Brinkman, Pamela A 13170 WHITE MARSH LANE #202 STREET ADDRESS STREET ADDRESS 13621 China Berry Way CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33912 Fort Myers, FL 33908 ☐ Delete TITLE 🖵 Change ☐ Addition NAME BRINKMAN, GEORGE NAME Brinkman, George J STREET ADDRESS 13170 WHITE MARSH LANE #202 STREET ADDRESS 13621 China Berry Way CITY-ST-ZIP FT. MYERS FL 33912 CITY-ST-ZIP Fort-Myers, FL-33908 TITLE ☐ Change TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 of that other like empowered.

SIGNATURE

SIGNATUDE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AN

941-454-9181

Daytime Phone #