2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J16293 Apr 11, 2000 8:00 am Secretary of State 1. Entity Name MAR-WICK, INC. 04-11-2000 90231 004 ***150.00 Principal Place of Business Mailing Address 2910 W. ST. JOHN ST. 2910 W. ST. JOHN ST. TAMPA FL 33607-2946 TAMPA FL 33607 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2684352 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WICK, FRANCES Street Address (P.O. Box Number is Not Acceptable) 2910 W ST. JOHN ST. **TAMPA FL 33607** 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. DATE (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition **PSD** Change TITLE TITLE □ Delete WICK, FRANCES NAME NAME STREET ADDRESS STREET ADDRESS 2910 W. ST. JOHN ST. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change ☐ Addition TITLE TITLE ☐ Delete WICK, FRANCES NAME STREET ADDRESS STREET ADDRESS 2910 W. ST. JOHN AVE. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ___Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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, with all other like empowered.

SIGNATURE:

FRANCES WICK

4/00 813-876.98