2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J80180 Jun 09, 2000 8:00 am Secretary of State HATTIE MAC, INC. 06-09-2000 90013 046 ***150.00 Mailing Address Principal Place of Business 14070 W. PARSLEY DR. 14070 W. PARSLEY DR. MADEIRA BEACH FL 33708-2351 MADEIRA BEACH FL 33708-2351 2. Principal Place of Business 3. Mailing Address 11375 65th aux Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State 59-2874103 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCCANN, MARY M Street Address (P.O. Box Number is Not Acceptable) 14070 W. PARSLEY DRIVE MADEIRA BEACH FL 33708 11375 68 Marc 10 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (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 Delete TITLE MCCANN, MARY M. NAME STREET ADDRESS 14070 W. PARSLEY DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MADEIRA BCH FL MECANN, CHARLES STE Delete TITLE TITLE NAME MCCANN, CHARLES C. NAME SEMINOLE, FL 33772 STREET ADDRESS STREET ADDRESS 14070 W. PARSLEY DR. CITY-ST-ZIP MADEIRA BCH FL CITY-ST-ZIP MCCANN, JOSEPH J Change P.O. BOX 8473 Delete TITLE NAME MCCANN, JOSEPH J. NAME STREET ADDRESS 14070 W. PARSLEY DR. STREET ADDRESS MADEIRA BEACH FL CITY-ST-ZIP-CITY-ST-ZIP MADEIRA BCH FL ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP