2000 UNIFORM BUSINESS REPORT (UBR) Apr 26, 2000 8:00 am Secretary of State **DOCUMENT # K57079** FRINARD MCMC, INC 04-26-2000 90544 001 ****75.00 04-26-2000 90544 002 ****75.00 Principal Place of Business Mailing Address 416 WEST LANTANA ROAD 416 WEST LANTANA ROAD LANTANA FL 33462-1736 LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0207648 Not Applicable \$8.75 Additional Country Zip Country. 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCGOWAN, RICHARD J. Street Address (P.O. Box Number is Not Acceptable) 416 WEST LANTANA ROAD LANTANA FL 33462 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITI F Delete MCGOWAN, RICHARD J. NAME 416 W. LANTANA RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANTANA FL ☐ Change Delete TITLE Addition TITLE MCDOWELL, FREDERIC P. NAME NAME STREET ADDRESS 416 W. LANTANA RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANTANA FL ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with an unter the empower

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE:

TITLE

NAME STREET ADDRESS

RICHARD J MCGOWAN

561-588-1799

Daytime Phone #

Change

☐ Addition

CR2E034 (9/99