2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am Secretary of State **DOCUMENT # K82523** 1. Entity Name MFCF, INC. 05-03-2001 90924 033 ***150.00 Principal Place of Business Mailing Address 19215 CRESCENT RD. 19211 CRESCENT RD. ODESSA FL 33556 ODESSA FL 33556 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2953956 Not Applicable 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 Name RODDA, JANICE K Street Address (P.O. Box Number is Not Acceptable) 19211 CRESCENT RD. ODESSA FL 33556 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. 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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE RODDA, JANICE K NAME STREET ADDRESS 19211 CRESCENT RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556 TITLE DST ☐ Delete Change Addition RODDA, EARL NAME NAME STREET ADDRESS STREET ADDRESS 19211 CRESCENT RD. CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556 ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Description of the corporation of the receiver of the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of the information indicated on this report is true and sequence of the corporation of the corporati

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