## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 13, 2001 08:00 AM L00000009651 DOCUMENT # 1. Entity Name **Secretary of State** M.T. BOX SERVICE, LLC Principal Place of Business Mailing Address 3173 57TH AVENUE CIRCLE EAST 3173 57TH AVENUE CIRCLE EAST BRADENTON BRADENTON FL FL 34203 34203 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 65-1036660 Not Applicable Zip Country Zip Country \$5.00 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 HOLLAND & KNIGHT, LLP FROST MICHAEL 1001 3RD AVENUE WEST, SUITE 600 Street Address (P.O. Box Number is Not Acceptable) 3717 57TH AVE CIRCLE EAST BRADENTON FL34205 US Zip Code City BRADENTON 34203 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. MICHAEL J. FROST - 03/13/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 9. 10. ADDITIONS/CHANGES Delete CR2E083 (11/00) TITLE MGRM ☐ Change X Addition NAME NAME FROST MICHAEL JPRES STREET ADDRESS STREET ADDRESS 3173 57TH AVE CIRCLE EAST CITY-ST-ZIP CITY-ST-ZIP BRADENTON $\mathbf{FL}$ 34203 ☐ Delete TITLE ☐ Change ☐ Addition 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-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. MICHAEL J. FROST 03/13/2001

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE