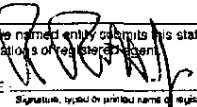
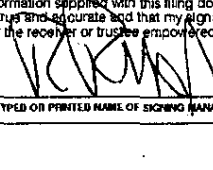


FILED
May 28, 2003 8:00 am
Secretary of State

05-28-2003 90035 001 *****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000006332					
1. Entity Name MACH II, LLC					
Principal Place of Business 5200 32ND TERRACE NORTH ST. PETERSBURG, FL 33710		Mailing Address 5200 32ND TERRACE NORTH ST. PETERSBURG, FL 33710			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3714568	
Zip	Country	Zip	Country	Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required \$5.00			
6. Name and Address of Current Registered Agent PUCKETT, RON JR. 6200 32ND TERRACE NORTH ST. PETERSBURG, FL 33710				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the registered agent.					
SIGNATURE  DATE 5-30-03					
FILE NOW!!! FEE IS \$50.00 Make Payment Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	10. ADDITIONS/CHANGES	
	MGRM			☐ Change ☐ Addition	
	SAXMAN, BONNIE	3443 HAINES ROAD NORTH	ST. PETERSBURG, FL 33704		
	MGRM			☐ Change ☐ Addition	
	PUCKETT, RON JR.	5200 32ND TERRACE NORTH	ST. PETERSBURG, FL 33710		
	MGRM			☐ Change ☐ Addition	
	SAXMAN, KEVIN	3443 HAINES ROAD NORTH	ST. PETERSBURG, FL 33704		
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
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 606, Florida Statutes.					
SIGNATURE:  DATE: 4-30-03					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR2B03 (10/02)