2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 26, 2000 8:00 am Secretary of State **DOCUMENT # L17018** 1. Entity Name MAR-SAM, INC. 01-26-2000 90045 040 ***150.00 Mailing Address Principal Place of Business 6900 DANIELS PARKWAY 6900 DANIELS PARKWAY SUITE 21 SUITE 21 FT. MYERS FL 33912-1586 N FT MYERS FL 33912-1586 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0149989 Not Applied. \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILSON, CARL W Street Address (P.O. Box Number is Not Acceptable) 2829 SW 43RD LANE 12670 NEW BRITTANY BLVD., #101 CAPE CORAL FL 33914 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice 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 (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST ☐ Change ☐ Addition Delete TITLE TITLE WILSON, CARL W NAME 2829 SW 43RD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL ☐ Change ■ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additior Delete TITLE TITLE 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2000 941.768-5311