2000 UNIFORM BUSINESS REPORT (UBR) Apr 25, 2000 8:00 am Secretary of State **DOCUMENT # L74240** 04-25-2000 90051 041 ***150.00 MCCLARY AND ASSOCIATES REALTY, P.A. Mailing Address Principal Place of Business 1309 AUSTRALIAN CT -923-A 2ND ST **アバリリないひひひ** WEST PALM BEACH FL 33407-3945 WEST PALM BEACH FL 33401 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. -Suite, Apt. #, etc.__ Applied For 4. FEI Number City & State 59-1621825 City & State Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCCLARY, MELVIN C. Street Address (P.O. Box Number is Not Acceptable) 923-A SECOND ST WEST PALM BEACH FL 33401 Zip Code City 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 After MAY 1, 2000 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE Delete TITLE NAME MCCLARY, MELVIN C. NAME STREET ADDRESS 1309 AUSTRALIAN CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE

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 is chapted or on an attachment with a laddities. changed, or on an attachment with a

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

NAME

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Delete

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Addition