2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED

APPROVED FII FN L95000000273 DOCUMENT # 1. Entity Name PACKAGE B. L.C. 00 APR 17 PM 4: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1201 OAKFIELD DRIVE POST OFFICE BOX 1110 BRANDON FL 33511 BRANDON FL 33509-1110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. MWM Applied For City & State 4. FEI Number City & State 59-3308812 Not Applicable Zip Country Country \$5.00 Additional П Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCDERMOTT, MICHAEL J ESQ. Street Address (P.O. Box Number is Not Acceptable) 791 WEST LUMSDEN ROAD **BRANDON FL 33511** City Zip Code FL 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. DATE 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 ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. MGRM Change Addition TITLE TITLE MCKNIGHT, WILLIAM D NAME NAME 805 ARROWHEAD LANE STREET ADDRESS STREET ADDRESS **BRANDON FL 33511** CITY-ST-ZIP CITY- ST- 75P Change Addition [☐ Delete TITLE TITLE 900003234769---05/02/00--01035--019 NAME MCKNIGHT, KATHRYN A NAME STREET ADDRESS STREET ADDRESS 805 ARROWHEAD LANE *****50.00 *****50.00 CITY- ST- ZIP CITY-ST-ZIP BRANDON FL 33511 Addition ☐ Delete TITLE Change NAME MCKNIGHT, ROBERT G MAME STREET ADDRESS STREET ADDRESS 805 ARROWHEAD LANE **BRANDON FL 33511** CITY-ST-ZIP CITY- ST- ZIP Change ☐ Addition ☐ Delete TITLE TITLE RAME MCKNIGHT, CHRISTINE E MAME STREET ADDRESS **805 ARROWHEAD LANE** STREET ADDRESS **BRANDON FL 33511** CITY- 87-71P CITY-ST-ZIP Addition | ☐ Delete Change TITLE TITLE MCKNIGHT, MICHELLE M NAME NAME STREET ADDRESS STREET ADDRESS **805 ARROWHEAD LANE** CITY-ST-ZIP CITY-8T-ZIP **BRANDON FL 33511** Changa Addition C Delete TITLE TITLE MCKNIGHT, BRUCE E NAME NAME STREET ADDRESS 805 ARROWHEAD LANE STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP **BRANDON FL 33511** 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 empoyered to execute this report as required by Chapter 608, Florida Statutes.

IG MANAGING MEMBER OR MANAGER

Date

Daytime Phone #