DCCUMENT # POOOOOO 39356 1. Entity Name MCMCULAN FAMILY ENTERDUSES, Juc. Principal Place of Business Mailing Address 4357 DAVIDIA DR MCJBULNE R 34934 MCJBULNE R 34934 MCJBULNE R 34934 2. Principal Place of Business Suite, Apl. #, etc. City & State City & S
Principal Place of Business Mailing Address 4357 DAVIDIA DR MCRANING TO 30734 2. Principal Place of Business Suite, Apt. 8, etc. Suite, Apt. 8, etc. City & State Country Zip Country Zip Country S. Certificate of Status Desired 5. Name and Address of Current Registered Agent ASPRCH Street Address (P.O. Box Number is Not Acceptable) ASPRCH Street Address (P.O. Box Number is Not Acceptable) City Te 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 Signature, typed or princed rame of mightered agent and title if applicable. After MAYIT, 2001 Fee 28, 100. After MAYIT, 2001 Fee 28, 100. After MAYIT, 2001 Fee 28, 100. Added to Feer Repulse of Department of Status Desired in Trust Fund Contribution. Trust Fund Contribution. S5.00 May 1 Added to Feer Repulser of Department of State Contribution. Score criteria on back)
Malling Address 4357 DAVIDIA DR MCLBULIUE R 3A934 MCCBULIUE R 3A
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State A. FEI Number 39-36-4960 Not Applied For Not Applied Not Applied Status Desired \$8.75 Additional Fee Required Fee Required RATH ROLL STEVEN STEVEN STEVEN STEVEN Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 Signature, hyped or printed name of registered agent and title if applicable. (NOTE Registered Agent supreture required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (Agent MAInt 2001 Fee will) be \$550.00 Malke Check Payable to Department of States Trust Fund Contribution. Added to Fees
City & State City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name Name Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City City FL Zip Code City FL Zip Code NOTE: Registered Agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agent and specific or registered when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Trust Fund Contribution. \$55.00 May Added to Fees
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ASPRCH SIEUEN J. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 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, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent sugreture required when recreating) This corporation is elligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Trust Fund Contribution. Added to Fees Address agent and Contribution.
Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sugneture required when retreating) This corporation is elligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Signature, Visual Contribution. Trust Fund Contribution. Signature (Note: Registered Agent sugneture required when retreating) 10. Election Campaign Financing Trust Fund Contribution. Signature, Visual Contribution. Signature (Note: Registered Agent sugneture required when retreating) Trust Fund Contribution.
ASARCH, SIEUEN J. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent application is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) After MAY: 2001 Fee; will be \$550.00 Trust Fund Contribution.
2385 EXECUTIVE CENTER DR BUITE 260 BUCA DATON FC 3343/ City FL Zip Code 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 Signature, typed or printed rame of registered agent and title if applicable. (NOTE: Registered Agent argumeture required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE INOWITE FCE IS: \$150.00 After MAY:1, 2001; Fce: will be \$550.00 Market Check Payable to Department of State Trust Fund Contribution.
3365 EXECUTIVE CENTER DR BUITE 360 BUCA DATON FC 33431 City FL Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent segmentare required when retretating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$555,00 Trust Fund Contribution. Added to Fees
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithm recruitating) FL Zip Code FL Zip Co
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agen
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aigneture required when reinstating) 5. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Added to Fees
11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE Delets TITLE Change Ado
NAME STREET ADDRESS GTY-ST-ZEP WAY GTY-ST-ZEP NAME STREET ADDRESS STREET ADDRESS 30000465446310/26/01010230
TITLE 32934 Delete TITLE *****150 Delete AND Charge AND CHARGE STREET ADDRESS CITY-ST-ZIP
TITLE DeleteTITLE Change Add NAME STREET ADDRESS ITY_ST-ZIP
TTLE Delete TITLE Change Add NAME TREET ADDRESS TTY-ST-ZIP TTLE CHANGE ADDRESS TTY-ST-ZIP
TLE Delete TITLE Change Add
TREET ADDRESS TY-ST-ZIP CITY-ST-ZIP

August 31, 2001

Division Of Corporations
Uniform Business Report-Filings
PO Box 1500
Tallahassee, Fl 32302-1500

Dear Sir/Madam:

I did not receive the first or second notice for filing the 2001 UBR for McMillan Family Enterprises, Inc. Please waive the late fee. The downloaded copy is enclosed with a check for \$150.00.

Thank you for your attention to this matter.

Sinterely

John McMillan