2001 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P00000084230 4. Entity Name M.G. LIMITED, INC. 04-24-2001 90012 005 ***158.75 Mailing Address Principal Place of Business 204 DEN HELDER AVE 204 DEN HELDER AVE **ELLENTON FL 34222 ELLENTON FL 34222** 643546 3. Mailing Address 3704 US HWY 301 N. 2. Principal Place of Business 3704 US HWY 301 N. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 3 Suite 3 Applied For 4. FEI Number Ellenton, FL Ellenton, 65-1040234 Not Applicable Country U.S.A. \$8.75 Additional 34222 5. Certificate of Status Desired 34222 U.S.A. Fee Required --- 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Robert Hamilton, Sr. HAWKINS, JOHN D Street Address (P.O. Box Number is Not Acceptable) 204 Den Helder Avenue 1023 MANATEE AVENUE WEST BRADENTON FL 34205 City 34222 Ellenton ne purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above Robert Hamilton, Sr. Sec/Treas gistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE STD TITLE HAMILTON, ROBERT NAME NAME Hamilton, Sr. Robert STREET ADDRESS STREET ADDRESS 204 DEN HELDER AVE 204 Den Helder Ave. Ellenton, EL 34222 CITY-ST-ZIP CITY-ST-7IP **ELLENTON FL 34222** X Addition Dones, Craig ☐ Change Delete TITLE NAME NAME 6008 Indrio Road C-7 STREET ADDRESS STREET ADDRESS Ft. Pierce, FL 34951 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Dèlete TITLE NAME Hamilton, Sharron STREET ADDRESS STREET ADDRESS 204 Den Helder Ave CITY-ST-ZIP CITY-ST-ZIP Ellenton, FL 34222 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ 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 if changed, or on an attachment with an address with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE MANUFAMILIAN LIVE NAME OF SIGNING OFFICER OR DIRECTOR DATE Date Dayline Phone 6

☐ Delete

CR2E034 (10/00

☐ Change

☐ Addition