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2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000092951 S & S MCLAIN, INC. FILED 01 MAR 15 AM 10: 18 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 2126 OAK BEACH BOULEVARD 2126 OAK BEACH BOULEVARD SEBRING FL 33875 SEBRING FL 33875 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Zio Country____ \$8.75 Additional Country 5. Certificate of Status Desired Name and Address of Current Registered Agent Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 (NOTE: Registered Agent alguature required when reinstating) FILE NOW!Y 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 filling requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE Addition TITLE MCLAIN, SCOTT W NAME NAME 2126 OAK BEACH BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **SEBRING FL 33875** CITY-ST-ZIP **VSTD** TITLE Delete TITLE Change ___ Addition MCLAIN, STACEY E NAME NAME 2126 OAK BEACH BOULEVARD STREET ADDRESS STREET ADORESS CITY-ST-ZIP-SEBRING, FL. 33875. -- ---CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. SIGNATURE:

ER OR DIRECTOR

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To Whom It May Concern:

Subject: S & S McLain, Inc. Ref. Number P00000092951

Please keep:

Spiegel & Utrera, P.A. 343 Almeria Avenue Coral Gables, FL 33134

as my registéred agent.

Sorry for the inconvenience,

Stacey E. McLain

S & S McLain, Inc.2126 Oak Beach Blvd.Sebring, FL 33875