2003 FOR PROFIT CORPORATION

FILED May 05, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P01000100122 DOCUMENT # 05-05-2003 90135 036 ***550.00 1. Entity Name MARCAT, INC. Principal Place of Business Mailing Address 7387 S.E. 12TH CIRCLE 7387 S.E. 12TH CIRCLE OCALA FL 34480 OCALA FL 34480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3754000 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --- --6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HICKS, DANIEL Street Address (P.O. Box Number is Not Acceptable) **421 SOUTH PINES AVENUE** OCALA FL 34474-4175 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change Addition POWERS, MARKX, MIDDLE INITIAL NAME NAME 7387 S.E. 12TH CIRCLE STREET ADDRESS STREET ADDRESS OCALA FL 34480 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

MARKE POWERS 5-1-03
DIRECTOR Data Dark

☐ Change

☐ Addition