FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 16, 2002 8:00 am Secretary of State DOCUMENT # P01000100988 1. Entity Name 01-16-2002 90046 041 ***150.00 M-R ENTERPRISES OF PINELLAS COUNTY INC. Principal Place of Business Mailing Address 1021 OSAGE ST 1021 OSAGE ST **CLEARWATER FL 33755 CLEARWATER FL 33755** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Country Zip Country Zip \$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 Name LYONS, RANDY F Street Address (P.O. Box Number is Not Acceptable) 1021 OSAGE ST **CLEARWATER FL 33755** Zip Code City 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. 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Delete Change TITLE TITLE LYONS, RANDY F NAME NAME 1021 OSAGE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33755** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME GORMAN, MARK P STREET ADDRESS STREET ADDRESS 1872 ALBERTA DR CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** ☐ Change ☐ Addition TITLE Delete - -TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR