2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 🛎

Mar 05, 2002 8:00 am secretary of State P01000120745 DOCUMENT # 1. Entity Name MCM SPORTSWEAR, INC. 03-05-2002 90134 029 ***150.00 Mailing Address Principal Place of Business 6672 23RD STREET N. 6672 23RD STREET N. ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 2. Principal Place of Business 909 CentanL 909 Central Ave Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ST. Petensbung 4. FEI Number Applied For City & State ST. Petersburg 30-00 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLMES, MICHAEL I Street Address (P.O. Box Number is Not Acceptable) 6672 23RD STREET N. ST. PETERSBURG FL 33702 City 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, 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS 57 Petersbung FC 33702 Jice-President Secretary Change CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE Many C. Holm NAME NAME STREET ADDRESS STREET ADDRESS ST. Petersbung. FC 33702 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADORESS 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 ☐ Change ☐ Addition ☐ Delete 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-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

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