FILED

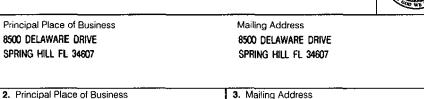
04-18-2003 90154 033 ***150.00

Apr 18, 2003 8:00 am Secretary of State

2003	FOR	PROFIT	CORPOR	RATION
<u>UNIFO</u>	RM B	USINES	S REPOR	T (UBR)

DOCUMENT#

P02000127303 1. Entity Name MC INTERNATIONAL, INC.



90094518

PRING FILL PE 3400/	SPRING FILE PL 34007	
2. Principal Place of Business	3. Mailing Address	A HORIZONI NI CONTRA TANIA DONIA ORNIA DANIA DINIA DANIA DINIA DINIA DINIA DINIA DINIA DINIA DINIA
Suite, Apt. #, etc. Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State	City & State	4 FEI Number Applied For Not Applicable
Zip - Country		5. Certificate of Status Desired
6. Name and Address of Curre	ent Registered Agent	7. Name and Address of New Registered Agent
MEYER, JAMES L 8500 DELAWARE DRIVE		Name Street Address (P.O. Box Number is Not Acceptable)
SPRING HILL FL 34607		
		City FL Zip Code

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.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

wake Check	rayable to Florida Department of State				
10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADORESS CITY-ST-ZIP	D Delete MEYER, JAMES L 8500 DELAWARE DRIVE SPRING HILL FL 34607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, VP, S, T MEYER, JAMES L. 8500 DELAWARE DR. SPRING HILL, FL 34607		
TITLÉ NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		

12. 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 thistee empowered 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 an other like empowered.

SIGNATURE: