2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mar 24, 2003 8:00 am Secretary of State **DOCUMENT#** P02000132153 03-03-2003 90458 007 ***150.00 1. Entity Name BCT ENTERPRISES OF TAMPA, INC. Principal Place of Business Mailing Address 3000 N.E. 30TH PLACE, FIFTH FLOOR 3000 N.E. 30TH PLACE, FIFTH FLOOR FT. LAUDERDALE FL 33306-1957 FT. LAUDERDALE FL 33306-1957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 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 MACAULAY, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 2200 SUNTRUST INTERNATIONAL CENTER ONE SOUTHEAST THIRD AVE. **MIAMI FL 33131** 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. I am familiar with, and accept Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After kiny 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WILKERSON, WILLIAM A NAME STREET ADDRESS 3000 N.E. 30TH PLACE, FIFTH FLOOR STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33306-1957 CITY ST 7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME JOHNSON, HENRY A NAME STREET ADDRESS 3000 N.E. 30TH PLACE, FIFTH FLOOR STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33306-1957 CITY-ST-7IP TITLE Delete* ☐ Change Addition NAME HULL, MICHAEL R-NAME STREET ADDRESS 3000 N.E. 30TH PLACE, FIFTH FLOOR STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33306-1957 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS 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 TITLE ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

I hereby cartify 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 chapter 607, Florida Statutes.

SIGNATURE:

FILED