2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P33505** Apr 27, 2000 8:00 am Secretary of State 1. Entity Name MCHENRY CONDOLIDATED HOLDINGS, INC. 04-27-2000 90077 003 ***150.00 Principal Place of Business Mailing Address 1215 PARK LAKE STREET 1215 PARK LAKE STREET ORLANDO FL 32803-4101 ORLANDO FL 32803 2. Principal Place of Business Fairu Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3056636 Ollando Oslando Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 2804 2804 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCHENRY, BRUCE W. ess (P.O. Box Number is Not Acceptable) 1215 PARK LAKE ST. ORLANDO FL 32803 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 (NOTE: Bed) 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, 2000 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 12. 11. PTD ☐ Delete TITLE ☐ Addition TITLE McHenry, Bruce W MALONEY, BRUCE W NAME NAME STREET ADDRESS 1215 PARK LAKE ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 ATI Change Delete TITLE ☐ Addition TITLE mullenry Patrick 5. 3225 Fairway Lane MCHENRY, PATRICK S. NAME NAME STREET ADDRESS STREET ADDRESS 1215 PARK LAKE ST CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 Delete TITLE ☐ Change Addition TITLE NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 Delete TITLE Addition 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 changed, or on an attachment with an address, with all other like empowered.

STUDIES AN CHATTANA BROLE W. M. Meny

SIGNATURE: