2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Secretary Bruce Bruse of Signing Officer or Director

Feb 20, 2001 8:00 am **DOCUMENT # P33505** Secretary of State MCHENRY CONDOLIDATED HOLDINGS, INC. 02-20-2001 90028 047 ***150.00 Principal Place of Business Mailing Address 3225 FAIRWAY LN. 3225 FAIRWAY LN. UNAUVA ORLANDO FL 32804 ORLANDO FL 32804 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 4. FEI Number 59-3056636 Not Applicable Zip Country 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 McHenry -Bruce -- W MCHENRY, BRUCE W. Street Address (P.O. Box Number is Not Acceptable) 1215 PARK LAKE ST. ORLANDO FL 32803 3225 Fairway Lane 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 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, 2001 Fee will be \$550.00 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 11, OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE McHenry, Bruco W 3225 Fairway IN Orlando FL 32804 NAME MALONEY, BRUCE W NAME STREET ADDRESS 1215 PARK LAKE ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 ☐ Addition TITLE VSD ☐ Delete TITLE MuHenry Patrick 3225 Fairway LN Orlando FL 3. NAME MCHENRY, PATRICK S. NAME STREET ADDRESS 1215 PARK LAKE ST STREET ADDRESS 32804 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete TITLE ☐ Change Addition 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 [] Change ☐ Addition TITLE ☐ Delete 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 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.

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