2001 UNIFORM BUSINESS REPORT (UBR) Apr 20, 2001 8:00 am Secretary of State DOCUMENT # P93000072370 1. Entity Name MALCOLM & MALCOLM, INC. 04-20-2001 90184 035 ***150.00 Principal Place of Business Mailing Address 6851 BAY HILL DRIVE 6851 BAY HILL DRIVE BRADENTON FL 34202 BRADENTON FL 34202 2. Principal Place of Business 3. Mailing Address 8012 Royal Birkdale C. 8012 Roval Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0440185 radienton Bradenton Not Applicable \$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 Norman-G MALCOLM, NORMAN G Address (P.O. Box Number is Not Acceptable) 6851 BAY HILL DRIVE **BRADENTON FL 34202** CityBradenton this statement for the pyrpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing 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 OFFICERS AND DIRECTORS 11. 12. Malcolm, Norman a Change TITLE □ Delete MALCOLM, NORMAN G NAME NAME 8018 Royal Birkdale Cr. Bradenton, FL 34202 6851 BAY HILL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** Malcolm, McClaren J. ☐ Delete MÀLCOLM, MCCLAREN J NAME 8012 Royal Birkdale Cr STREET ADDRESS 6851 BAY HILL DRIVE STREET ADDRESS Braden Ton, FL. 34202 **BRADENTON FL 34202** CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME Change of address only STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITI F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGN

NG OFFICER OR DIRECTOR

Norman G. Halcolm 4/16/20041 -907-6023