2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9400001019 Mar 17, 2000 8:00 am **Secretary of State** MACKE PROPERTIES OF FLORIDA, INC. 03-17-2000 90068 008 ***150.00 Principal Place of Business Mailing Address 38 BARKLEY CIR. 38 BARKLEY CIR. STE 4 FT MYERS FL 33907-7526 FT MYERS FL 33907 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0458789 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name MACKE, TODD Street Address (P.O. Box Number is Not Acceptable) 38 BARKLEY CIR. STE 4 FT MYERS FL 33907 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. 3-15-00 Todd C. Macke, President (NOTE: Registered Agent signature required when reinstating) and take if applicable 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition □ Delete TITLE TITLE MACKE, TODD C NAME NAME STREET ADDRESS 38 BARKLEY CIR., STE 4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL ☐ Change ___ Addition ☐ Delete TITLE TITLE NAME LISA M. GADONNIEX NAME STREET ADDRESS 1165-B CRYSTAL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BCH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE MACKE, LYNNE M NAME NAME STREET ADDRESS 5906 PETUNIA LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition ☐ Delete TITLE **DENNIS GADONNIEX** NAME NAME STREET ADDRESS STREET ADDRESS 1165-B CRYSTAL WAY CITY-ST-ZIP CITY-ST-ZIP DELRAY BCH FL ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EQUIDIDE. Macke President

3-15-00 941-275-1122

Daytime Phone #

20/21/20/24