2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2002 8:00 am Secretary of State DOCUMENT # P94000046653 1. Entity Name WIDELL, INC. 05-19-2002 90195 050 ***158.75 Principal Place of Business Mailing Address 5365 STIRLING ROAD 5365 STIRLING ROAD FT. LAUDERDALE FL 33314-7427 FT LAUDERDALE FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0499959 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PICKLE, KEITH A Street Address (P.O. Box Number is Not Acceptable) 5365 STIRLING ROAD FT LAUDERDALE FL 33314 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME MCDEVITT, WILLIAM J MCDEVITT, WILLIAM J. 2201 CANTU COURT, SUITE 202 NAME STREET ADDRESS 943 S BENEVA RD, STE 201 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP SARASOTA, FLORIDA 34232 TITLE ☐ Delete TITLE **X** Change ☐ Addition NAME PICKLE, KEITH A NAME PICKLE, KEITH A STREET ADDRESS 943 S BENEVA RD, STE 201 STREET ADDRESS 5365 STIRLING ROAD SARASOTA FL 34232 CITY-ST-ZIP CITY-ST-ZIP FT._LAUDERDALE,_FLORIDA_33314 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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

04/24/02

954-587-0520