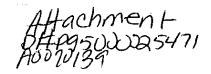
2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

May 18, 2001 8:00 am Secretary of State DOCUMENT # **P95000025471** 05-18-2001 91582 012 ***150 00 THE MARK PALMER COMPANY Principal Place of Business Mailing Address 144 INDUSTRIAL LOOP, SOUTH 144 INDUSTRIAL LOOP. SOUTH X0070139 UNIT D UNIT D ORANGE PARK FL 32065 **ORANGE PARK FL 32065** HS 2. Principal Place of Business 3. Mailing Address AMC DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3336169 Not Applicable Zip 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 PALMER: MARK H Street Address (P.O. Box Number is Not Acceptable) 993 MARBLERIDGE DRIVE **ORANGE PARK FL 32065** Zip Code City FL 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE-IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5:00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ■ Addition DD F TITLE ☐ Delete PALMER, MARK H NAME 993 MARBLERIDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE PALMER, MICHELLE A NAME NAME 993 MARBLERIDGE DRIVE STREET ADDRESS STREET ADDRESS ORANGE PARK FL CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE 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 ☐ Change Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED





Date: 5/14/2001

To:

DIVISION OF CORPORATIONS

From:

Michelle A. Palmer

Subject: Uniform Business Reports

I am sending you our Uniform Business Report late due to the fact that it was returned to me for having the wrong address. I sent it to P.O. Box 6372 and it was to be sent to 6327. I am asking that any fees incurred please be waived. I apologize for any inconvenience.

Thank You