2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2002 8:00 am Secretary of State P95000087620 DOCUMENT # 1. Entity Name 05-14-2002 90010 009 ***150.00 MBC BAY CO. Principal Place of Business Mailing Address 108 MOSLEY DRIVE 18495 S. DIXIE HWY.. PMB 102 LYNN HAVEN FL 32444 MIAMI FL 33157 **US** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3365319 Not Applicable Zip Country Ζiρ 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 STOPKA, III, ALBERT J. ----Street Address (P.O. Box Number is Not Acceptable) 108 MOSLEY DRIVE LYNN HAVEN FL 32444 Zip Code City FI 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. X Change ☐ Addition ☐ Delete TITLE PSTD Zip Correction LENHERR-TOEDTLI, ELKE NAME NAME . O. Box 12 Eschner Strasse 93 STREET ADDRESS PO BOX 12, ESCHNER STRASSE 93 STREET ADDRESS On1v CITY-ST-ZIP **BENDERN LIECHENSTEIN FL-94-7** CITY-ST-ZIP Bendern Liechenstein FL-9487 ☐ Addition Change ☐ Delete TITLE ... NAME NAME HUGHEY, BONNIE J STREET ADDRESS STREET ADDRESS 18495 S DIXIE HWY B102 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 Change ☐ Addition ☐ Delete TITLE TITLE Zip Correction NAME NAME ZINDEL, NORA M STREET ADDRESS P. O. Box 12 Eschner Strasse 93 Only STREET ADDRESS PO BOX 12, ESCHNER STRASSE 93 CITY-ST-7IE CITY-ST-ZIP BENDERN, LIECHTENSTEIN FL-94-7 Bendern, Liechtenstein FL-9487 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 of 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

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

Bonnie OF SIGNING OFFICER OR DIRECTOR

Hughey, Vice Pres