2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 24, 2001 8:00 am Secretary of State DOCUMENT # P96000065625 MCGINN HOLDINGS, INC. 01-24-2001 90046 043 ***150.00 Principal Place of Business Mailing Address 630 S. ORANGE AVE. 630 S. ORANGE AVE. STE. 102 STE. 102 SARASOTA FL 34236 SARSOTA FL 34236 2. Principal Place of Business 3. Mailing Address 2018 Ook 2018 Oak Terrace lerrace DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 10Z Applied For City & State 4. FEI Number 65-0688535 Not Applicable a rasota \$8.75 Additional 5. Certificate of Status Desired U5A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCGRINN, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 630 S ORANGE AVE STE 102 SARASOTA FL 34236 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. (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. 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 12. 11. Change ☐ Delete TITLE TITLE MCGINN, BRIAN J NAME NAME 2018 Oak Terroce, Staloz 630 S. ORANGE AVE., STE. 102 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE MCGINN, LISA D NAME NAME 2018 Oak Terrace, Ste 102 STREET ADDRESS 630 S. ORANGE AVE., STE. 102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 71P ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP