Feb 20, 2002 8:00 am

CR2E034 (9/01

2002 UNIFORM BUSINESS REPORT (UBR)

Secretary of State P97000030152 OCUMENT # Entity Name 02-20-2002 90028 035 ***150.00 AIL MCCARDLE ORIGINALS, INC. Substitute of the state of the \mathbb{C} ncipal Place of Business Mailing Address 55 GROUPER OR 2755 GROUPER DR ARATHON FL 33050 MARATHON FL 33050 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3438134 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCARDLE, GAIL C Street Address (P.O. Box Number is Not Acceptable) 2755 GROUPER DR MARATHON FL 33050 Zip Code City 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. IGNATURE 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 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ÎTLE □ Delete TITLE Change ☐ Addition AME MCCARDLE, GAIL C NAME TREETIADDRESS 2755 GROUPER DR STREET ADDRESS MARATHON FL 33050 ITY-ST-ZIP CITY-ST-ZIP ÎTLE ☐ Delete ☐ Change ☐ Addition AME NAME TREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP NTLE Delete TITLE ☐ Change ☐ Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ 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 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: ക്ക്