2000 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2000 8:00 am Secretary of State DOCUMENT # P97000077674 1. Entity Name JEFFREY S. MC KENNEY, INC. 04-27-2000 90008 026 ***150.00 Principal Place of Business Mailing Address 5149 CENTRAL AVENUE 5149 CENTRAL AVENUE ST. PETERSBURG FL 33710-8140 ST. PETERSBURG FL 33711 **UPPLATANO** 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 59-3470315 Not Applicable Country Zip Country Zip \$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 MC KENNEY, JEFFREY S ~ Street Address (P.O. Box Number is Not Acceptable) 5149 CENTRAL AVENUE ST. PETERSBURG FL 33711 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 JEFFREYS, MCKENNEY SIGNATURE ent 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 After MAY 1, 2000 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 OFFICERS AND DIRECTORS ... ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DP, TITLE Change Addition Delete TITLE : MC KENNEY, JEFFREY S NAME NAME STREET ADDRESS STREET ADDRESS **5149 CENTRAL AVENUE** CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33711 ☐ Delete ☐ Change Addition TITLE NAME NAME ' STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE 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 TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 algorithm with an address, with all other like empowered.

SIGNATURE

SENTING AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(4/17/00 727-327-0300