DOCUMENT # P9800068153  1. Entity Name MCWILLIAMS CORPORATE MANAGEMENT, INC.				Feb 08, 2000 8:00 at Secretary of State 02-08-2000 90170 034 ***150.00	
Principal Place of Business 517 B N HARBOR CITY BLVD MELBOURNE FL 32935		Mailing Address 517 B N HARBOR CITY BLVD MELBOURNE FL 32935-6837		014001	
Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		f (551) 551 (151) 151) 551) 551) 551) 551	
City & State		City & State		4. FEI Number 59-3525471	A
Zip Country		Zip	Country	5. Certificate of Status Desired	\$8.75 And The Fee Required
	6. Name and Address of Current F	tegistered Agent		7. Name and Address of New Registers	d Agent
517	VILLIAMS, DAVID T B N HARBOR CITY BLVD BOURNE FL 32935			s (P.O. Box Number is Not Acceptable)	,
8. The above	e named entity submits this statement for Signature, typed or printed name of registered agent an		City ts registered office or registered.	ered agent, or both, in the State of Florida.	Zip Code
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	After MAY 1, 2 Make Check Paya	/!!! FEE IS \$150.00 000 Fee will be \$550.00 ble to Department of St		\$5.00 · · · Added to :
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D DPST MCWILLIAMS, DAVID T 517 B N HARBOR CITY BLVD MELBOURNE FL 32935	RECTORS  Delete	12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN  Change
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	s Duckling of the Ase	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change I
of the corp		ered to execute this report	my signature snall have the	ection 119.07(3)(i), Florida Statutes. I further c same legal effect as if made under oath; that 7, Florida Statutes; and that my name appears	
SIGNAT		TED NAME OF SIGNING OFFICER	OF DIRECTOR	2/3/00 32	/ - 255-3 Daytime Phone #