2001 UNIFORM BUSINESS REPORTYUBR) Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P98000072799 1. Entity Name MATERIALS CONSULTING, INC. 04-23-2001 90136 028 ***150.00 Mailing Address Principal Place of Business 12901 N. EDGEWATER DRIVE 12901 N. EDGEWATER DRIVE **DUNNELLON FL 34433-2221** DUNNELLON FL 34433-2221 3. Mailing Address 2. Principal Place of Business 2205 Ashley Court 2205 Ashley Court Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number City & State 59-3527265 Fernandina Beach FL Not Applicable Fernandina Beach FL Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 32034-8903 3|2034-8903 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent --DAY, KENNIE M Street Address (P.O. Box Number is Not Acceptable) 12901 N. EDGEWATER DRIVE DUNNELLON FL 34433-2221 2205 Ashley Court _{City} Fe<u>rnandina Beach</u> stered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its FILE NOW!!! FEEUS \$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, 2001 Fee will be \$550.00 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 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME DAY, KENNIE M NAME 2205 Ashley Court STREET ADDRESS STREET ADDRESS 12901 N. EDGEWATER DRIVE FL 32034-8903 CITY-ST-ZIP Fernandina Beach, CITY-ST-ZIE **DUNNELLON FL 34433-2221** Change Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ■ Addition TITLE --Change - - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE 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 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 all address, with all other like empowered.

NAME .

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

□ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Kennie M. Day

904-491-5723

☐ Change

Addition

Daytime Phone #