2003 FOR PROFIT CORPORATION

Apr 25, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P98000076896 **DOCUMENT #** 1. Entity Name 04-25-2003 90327 030 ***150.00 MACSUB III, INC. Mailing Address Principal Place of Business 1998 ACT 195 420 PARK PLACE TARPON SPRINGS FL 34689 SUITE 100 **CLEARWATER FL 33759** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3533331 Not Applicable Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent... -6. Name and Address of Current Registered Agent-**KEVIN J HUBBART & ASSOCIATES** Street Address (P.O. Box Number is Not Acceptable) 420 PARK PLACE, SUITE 100 **CLEARWATER FL 33759** Zip Code City the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement to the obligations of registered agent SIGNATURE Signature, typed or printer maine of rebi (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition Delete TITLE TITLE MCCOMAS, DAVID NAME NAME 3797 PRESIDETIAL CT STREET ADDRESS STREET ADDRESS Palm Harbour FL 34695 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

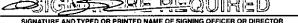
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP



FILED