2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000097183 May 06, 2000 8:00 am Secretary of State MORGAN EQUITY INVESTORS, INC. 05-06-2000 90282 001 ***750.00 Principal Place of Business Mailing Address 2021 SUNNYDALE BOULEVARD 2021 SUNNYDALE BOULEVARD CLEARWATER FL 33765 **CLEARWATER FL 33765-1202** T T O O O 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3546300 Not Applicable Country Zip Country \$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 Name THORN, W. THOMPSON III Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD., STE. 2800 TAMPA FL 33602 Zip Code City FL 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. SIGNATURE DATE 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE NAME MORGAN, LARRY C STREET ADDRESS STREET ADDRESS 2021 SUNNYDALE BOULEVARD CITY-ST-7IP CITY-ST-ZIP **CLEARWATER FL 33765** Addition Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE . 🔲 Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE 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-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Maryon 4/24/00