FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2003 8:00 am Secretary of State P9900001090 DOCUMENT # 04-23-2003 90102 037 ***150.00 1. Entity Name BIG MAC ENTERPRISE, INC. Principal Place of Business Mailing Address 10475 SE 95TH TERRACE 10475 SE 95TH TERRACE BELLEVIEW FL 34420 BELLEVIEW FL 34420 IIS 2. Principal Place of Business 6 859 Bitter 3. Mailing Address Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0892266 Beach Not Applicable Country \$8.75 Additional Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCDONALD, MICHAEL E Street Address (P.O. Box Number is Not Acceptable) 10475 SE 95TH TERRACE **BELLEVIEW FL 34420** 6829 Auttenhosh Place Beach NTON 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. the obligations of registered agent. SIGNATURE (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 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete MCDONALD, MICHAEL E NAME NAME Beverly McDonald 10475 SE 95TH TERRACE STREET ADDRESS STREET ADDRESS 6359 B'. Herbush Place **BELLEVIEW FL 34420** CITY-ST-ZIP CITY-ST-ZIP Boynton Och TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME michael & McDonald STREET ADDRESS STREET ADDRESS 6839 Bitterbuch Place CITY-ST-ZIF CITY-ST-ZIP Delete 🕆 😁 TITLE Change - Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete • TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if

changed, or on an attachment