NIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000034710 1. Entity Name McClain Enterprises, Inc. 01 NOV 13 AM 10: 34 Principal Place of Business Mailing Address 447-C Aulin Avenue 447-C Aulin Avenue SECRETARY OF STATE TALLAHASSEE, FLORIDA Oviedo, FL 32765 Oviedo, FL 32765 2. Principal Place of Business 1012 Gammage Point 3. Mailing Address 1012 Gammage Point Suite. Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ? Applied For Oviedo, FL Öviedo, FL 4. FELNumber 71661 Not Applicable Country Countrys Zip 32765 \$8.75 Additional 32765 US 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name_Darrell_W_McClain____ Darrell W. McClain Street Address (P.O. Box Number is Not Acceptable)

1012 Gammage Point 447-C Aulin Ave. Oviedo, FL 32765 Zip C%2765 City Oviedo 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 Fiorida. FILE NOW!!! FEE IS \$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, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (66/6)X Addition TITLE ☐ Delete TITLE ☐ Change Darrell McClain NAME NAME CR2E034 1012 Gammage Point STREET ADDRESS STREET ADDRESS Oviedo, FL 32765 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE 300004705973----12/05/01--01041--913-NAME NAME STREET ADDRESS STREET ADDRESS ****300.00 ****300.00 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - S ☐ Delete TITLE ☐ Change ☐ Addition NAME 🖫 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Land W. Mc Claim

6-22-01

McClain Enterprises, Inc.

1012 Gammage Point Oviedo, FL 32765 (407) 366-8253

May 30, 2001

Division of Corporations Uniform Business Report Filings PO BOX 1500 Tallahassee, FL 32302-1500

Re: McClain Enterprises, Inc.

To Whom It May Concern:

I recently became aware that the Corporation, McClain Enterprises, Inc., of which I am a shareholder, has been dissolved. Apparently we have not filed our Uniform Business Report. We changed locations last year and did not receive ours in the mail. Enclosed are our Uniform Business Reports for the years 2000 and 2001 and a check for \$300.00. I apologize for their delay. Please consider waiving the late penalty, as I was uninformed about these reports. Thank you for your consideration.

Sincerely,

Danel a. mcClain

Darrell McClain President

Enclosures:

2000 UBR

2001 UBR Check

CC: File