FILED

2002 Uniform Business Report (UBR)

Apr 09, 2002 8:00 am Secretary of State P99000040738 DOCUMENT # 1. Entity Name 04-09-2002 90014 027 ***150.00 MC CARRICK'S, INC. Mailing Address Principal Place of Business 12553 W HOPE DRIVE 12553 W HOPE DRIVE ORLANDO FL 32837 ORLANDO FL 32837 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3662056 Not Applicable Country \$8.75 Additional Žip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCCARRICK, MARK Street Address (P.O. Box Number is Not Acceptable) 12553 W HOPE DRIVE ORLANDO FL 32837 Zip Code 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. ne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS 6150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Addition ☐ Change TITLE ☐ Delete TITLE NAME MC CARRICK, MARK NAME STREET ADDRESS STREET ADDRESS 12553 W HOPE DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME MC CARRICK, ELAINE STREET ADDRESS STREET ADDRESS 12553 W HOPE DRIVE CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32837 ☐ · Change ☐ Addition Delete TITLE JITLE -NAME 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-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete 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.

Daytime Phone #

CR2E034 (9/01)