FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 25, 2000 8:00 am Secretary of State DOCUMENT # P99000049073 MCDONOUGH PROPERTIES GROUP, INC. 04-25-2000 90092 027 ***150.00 Principal Place of Business Mailing Address HIGHLAND AVE. 940 HIGHLAND AVE AUUGCPUUA ODLANDO FL 32803-3237 ORLANDO FL 32803-3237 Principal Place of Business Mailing Address Ind. Blud 6008 Jet port Jerne うみみひ DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State 33639 ampa Not Applicable 0.0100\$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 33636 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SIMS, RONALD L 940 HIGHLAND AVE. ORLANDO FL 32803-3237 ampa 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 66/6 ☐ Delete Change Addition TITLE President Allen Mc. Donough NAME NAME <u>5</u> 5220 Jules Verne Tampa FL 3361 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FL 33611 CITY-ST-ZIP Change Addition Secretary LAILEN Mc Donouc ☐ Delete TITLE NAME NAME 5220 Jules Verne Ct STREET ADDRESS STREET ADDRESS CITY-ST-7IP ampa FL 33611 CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE reas urer L Alen Mc Donough NAME NAME STREET ADDRESS STREET ADDRESS FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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 w

SIGNATURE: