2000 UNIFORM BUSINESS REPORT (MBR) FILED 99000053218 DOCUMENT # Jun 01, 2000 8:00 am Secretary of State 1. Entity Name M & B CONCEPTS, INC. 06-01-2000 90021 001 \*\*\*300.00 Principal Place of Business Mailing Address P.O. BOX 2572 WINDEMERE FL 34786 16802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State Not Applicable <u>59-3611827</u> 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 CHRISTOPHER TOMPKINS, II SCOTT LAZAR Street Address (P.O. Box Number is Not Acceptable) 7101 SW 102nd Ave 1706 S KINGS AVE MIAMI, FL 33173 Zip Code BRANDON 33511**-**6216 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. 04/30/2000 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees XX Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE \*Change Addition TITLE XX Delete BRIAN SIEMIENAS 1706 S KINGS AVE BRIAN SIEMIENAS NAME NAME 7101 SW 102nd ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON FL33511-6216 MIAMI FL33173 CITY-ST-7IE MARK MILCHMAN ☐ Change XAddition TITLE ☐ Delete NAMÉ 1706 S KINGS AVE STREET ADDRESS STREET ADDRESS BRANDON FL 33511-6216 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE KKNERESE SIEMIENAS NAME STREET ADDRESS 1706 S KINGS AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511-6216 **X X**Addition ☐ Change ☐ Delete TITLE TITLE CHRISTOPHER TOMPKINS, II NAME NAMÉ 1706 S. KINGS AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON 33511-6216 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP OTT ST ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP i.3. 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

04/30/2000