2001 UNIFORM BUSINESS REPORT (UBR)

STREET ADDRESS

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CITY-ST-ZIP

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TITLE

FILED Jan 16, 2001 8:00 am Secretary of State DOCUMENT # P99000091157 MCNALLY REALTY HOLDINGS, INC. 01-16-2001 90049 003 ***150.00 Principal Place of Business Mailing Address 6395 34TH ST. NORTH 6395 34TH ST. NORTH PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3610295 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VERONA LAW GROUP, P.A. Street Address (P.O. Box Number is Not Acceptable) 7235 CENTRAL AVE ST. PETERSBURG FL 33707 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 \Box 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 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Change ☐ Delete MCNALLY, KEVIN T NAME NAME STREET ADDRESS 6395 34TH ST. NORTH STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PINELLAS PARK FL 33781 ☐ Addition ☐ Change ☐ Delete TITLE MCNALLY, TERRENCE J SR. NAME STREET ADDRESS 6395 34TH ST. NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 Change ☐ Addition TITLE Delete MCNALLY, TERRENCE J JR. NAME STREET ADDRESS STREET ADDRESS 6395 34TH ST. NORTH CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 ☐ Addition Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP

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TITLE

NAME STREET ADDRESS

☐ Delete

☐ Addition

☐ Change

SIGNATURE: