2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000110623 Apr 13, 2000 8:00 am Secretary of State 1. Entity Name MACLEN ENTERPRISES, INC. 04-13-2000 90102 025 ***150.00 Mailing Address Principal Place of Business 3871 WHITE BOULEVARD 3871 WHITE BOULEVARD NAPLES FL 34117 NAPLES FL 34117 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State Applied For City & State -3618343 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEEL, KELLY C Street Address (P.O. Box Number is Not Acceptable) 6720 LONE OAK BLVD. NAPLES FL 34109 Zip Code FL 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) DATE 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Addition ☐ Delete TITLE Change TITLE MACRIDES, WILLIAM A NAME STREET ADDRESS STREET ADDRESS 3871 WHITE BOULEVARD CITY-ST-ZIP CITY-ST-ZIE NAPLES FL 34117 ☐ Change Addition Delete TITLE TITLE OPPIE, LEONARD P NAME STREET ADDRESS STREET ADDRESS 3871 WHITE BOULEVARD CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34117 ☐ Addition ☐ Change Delete TITLE TITLE OPPIE. CAROLYN NAME NAME STREET ADDRESS STREET ADDRESS -3871 WHITE BOULEVARD -CITY-ST-7IF CITY-ST-ZIP NAPLES FL 34117 Change Addition ☐ Delete TITLE TITLE YEAGER, HEATHER NAME NAME STREET ADDRESS STREET ADDRESS 3871 WHITE BOULEVARD CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34117 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS

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 appress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

100 941-352-7789

Dayume Phone #