2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 16, 2001 8:00 am Secretary of State DOCUMENT # s04594 MALREX, INC. 04-16-2001 90269 006 ***150.00 Principal Place of Business Mailing Address 4412 S US #1 4412 S us #1 A0049346 FT PIERCE, FL 34982 FT PIERCE, FL 34982 3. Mailing Address 2. Principal Place of Business 440 USU#1 440 US #1 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number City & State City & State FL 32962 59-3038590 Not Applicable VERO BEACH, FL 32962 VERO BEACH, Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32962 -32962-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEFFENDALL, REX E DEFFENDALL, REX E Street Address (P.O. Box Number is Not Acceptable) 4412 S US #1 FT PIERCE, FL 34982 440 US #1 32962 VERO BEACH 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 _Tax_filing_requirement_and_elects_to_do_so__ Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE DVT X Change TITLE ☐ Delete DVT NAME NAME DEFFENDALL, REX E DEFFENDALL, REX E. STREET ADDRESS STREET ADDRESS 440 US #1 450 US_#1 CITY-ST-ZIP CITY-ST-ZIP FL 32962 VERO BEACH, FL 32962 VERO BEACH, ☐ Delete TITLE DPS TITLE DPS NAME NAME BROWN, MALCOLM E. JR. BROWN, MALCOLM E, JR. STREET ADDRESS STREET ADDRESS 440 US #1 450 US #1 CITY-ST-7IP CITY-ST-ZÍP VERO BEACH, FL 32962 VERO BEACH, FL 32962 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADD CITY-ST-ZIP

SIGNATURE:

MALCOLM E. BROWN, JR. 04/10/01 473-0945

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date

October Phone 4

this repo

13. I hereby certify that the information supplied with indicated on this report or supplemental reports of the corporation or the receiver of flustee endo

changed, or on an attachment with

emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

sonature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if