2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT # \$43825** Jul 13, 2000 8:00 am Secretary of State 1. Entity Name MARCO DIRECT INC. 07-13-2000 90008 020 ***150.00 Principal Place of Business Mailing Address 1130 VERNON PL 1130 VERNON PL MARCO ISLAND FL 34145-2012 MARCO ISLAND FL 34145 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0250547 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 950 NORTH COLLIER BLVD. SUITE 207 MARCO ISLAND FL 34145 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. 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 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) Addition Сhange Delete TITLE TITLE DRESCHER, UWE H. NAME NAME 1130 VERNON PL STREET ADDRESS STREET ADDRESS MARCO ISLAND FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE DRESCHER, CHRISTL NAME NAME 1130 VERNON PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL CITY ST-ZII ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Daytime Phone #

AHachment Doc# 543825 B0102709

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314 June 29, 2000

Re: 2000 UBR

Document #S43825

To Whom It May Concern:

I am resubmitting the referenced documents and check. I apologize for any inconvenience.

If you require any additional information, please feel free to contact me during the day at 941-394-6914.

Regards,

Horace Roland for Christ'l Drescher

Encl: Check

2000 UBR