CR2E034 (5/00

2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # \$87717** Jul 17, 2000 8:00 am Secretary of State 1. Entity Name M. A. NEUMANN & CO., INC. 07-17-2000 90077 018 ***550.00 Principal Place of Business Mailing Address 10360 US HWY 19 10360 US HWY 19 PINELLAS PARK FL 33782 PINELLAS PARK FL 33782 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3090084 Not Applicable Zip Country 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 Name PATTERSON, SUSAN M. Street Address (P.O. Box Number is Not Acceptable) 10360 US HWY 19 PINELLAS PARK FL 33782 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD ☐ Addition ☐ Change ☐ Delete TITLE TITLE PATTERSON, BRADFORD S. NAME NAME 12246- 68TH ST. N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LARGO FL 33773** CITY-ST-ZIP Delete XI Change ■ Addition TITLE TITI F PATTERSON, SUSAN M NAME NAME 4042-55TH WAY N. STREET ADDRESS STREET ADDRESS 6296-46TH AVE. N. ST. PETERSBURG FL 33782 CITY-ST-ZIP CITY-ST-7IP KENNETH CITY, FL ☐ Change ☐ Addition ☐ Delete TITLE MERRITT, JENNIFER L NAME NAME 9610-68TH ST N. STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 33782 CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 address, with all other like empowered.

CICMATURE.

WIR TORTHOLLINGTOD

1-11-00

(121) 546-4545