2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 23, 2001 8:00 am Secretary of State **DOCUMENT # V08302** MACK BROTHERS & ASSOCIATES INCORPORATED 03-23-2001 90018 034 ***150.00 Principal Place of Business Mailing Address 11300 MAHAN DRIVE 11300 MAHAN DRIVE TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 - - - - 1 1 1 US 3. Mailing Address 2. Principal Place of Business Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3104682 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 MCELROY, STEVEN J. Street Address (P.O. Box Number is Not Acceptable) 11300 MAHAN DRIVE TALLAHASSEE FL 32308 Zip Code City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2001 Fee will be \$550.00 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 ☐ Change ☐ Delete TITLE TITLE NAME MCELROY, STEVEN NAME STREET ADDRESS STREET ADDRESS 11300 MAHAN DRIVE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL Change ☐ Addition □ Defete TITLE TITLE NAME BEGEAL, JOHN NAME STREET ADDRESS STREET ADDRESS 3608 LITTLE FOX LANE CITY-ST-ZIP TALLAHASSEE FL 32312 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS The exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information by signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Figrida Statutes; and that my name appears in Block 11 or Block 12 in the same legal that my name appears in Block 11 or Block 12 in the same legal that my name appears in Block 11 or Block 12 in the same legal that the same legal th 13. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true ar report is true and of the corporation or the receiver or tri changed, or on an attachment with a stee empowered to address, with all o

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