2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 23, 2001 8:00 am Secretary of State **DOCUMENT # V28016** ALEX MACWILLIAM RENTALS, INC. 01-23-2001 90109 040 ***150.00 Principal Place of Business Mailing Address 2909 OCEAN DR 2909 OCEAN DR VERO BEACH FL 32963 VERO BEACH FL 32963 UUIALL 2. Principal Place of Business 3. Mailing Address Suite, Aot. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3121121 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Name MACWILLIAM, ALEX, III Street Address (P.O. Box Number is Not Acceptable) 2901 OCEAN DRIVE VERO BEACH FL 32963 City 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. D۷ ☐ Addition ☐ Delete TITLE MACWILLIAM, ALEX, JR. NAME NAME STREET ADDRESS 2901 OCEAN DRIVE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP DPS ☐ Delete ☐ Addition TITLE TITLE ☐ Change MACWILLIAM, ALEX, III NAME NAME STREET ADDRESS 2901 OCEAN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL TITLE Delete JHLC--I-Ghange-- Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 an other like empowered. Alex Mac William II SIGNATURE: 561-231-6500

ME OF SIGNING OFFICER OR DIRECTOR