2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2002 8:00 am Secretary of State **DOCUMENT # N03843** 1. Entity Name PREGNANCY RESOURCES, INC. 05-23-2002 90045 029 ****61.25 Principal Place of Business Mailing Address 2225 S BABCOCK ST 2225 S BABCOCK ST MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2542341 Not Applicable Country Zip 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 MINOT, MICHAEL ESQ Street Address (P.O. Box Number is Not Acceptable) COMMODORE PLAZA, STE 218 RIVER EDGE BLVD COCOA FL 32922 Zip Code 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. Election Campaign Financing **FILE NOW: FEE IS \$61.25** \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE □ Delete TITLE (9/01) Change Addition ROOTSEY, CAROL NAME P.O. BOX 411344 STREET ADDRESS STREET ADDRESS **CR2E037** CITY-ST-ZIP **MELBOURNE FL 32941** CITY-ST-ZIP **VD-**TD VPTD TITLE ☐ Delete TITLE Change ☐ Addition BUTLER, JOHN NAME NAME Butter, John 864 HOMEYPLACE NE STREET ADDRESS 864 Ho mey Place NE STREET ADDRESS CITY-ST-ZIF PALM BAY FL 32907 CITY-ST-ZIP SD TITLE: Delete - -TITLE Change - Addition MCKEOWN, KEVIN NAME NAME 604 BARCELONA CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH FL 32937 CITY-ST-ZIP TD TITLE Delete TITLE ☐ Change ☐ Addition PERRY, LORI NAME STREET ADDRESS 4225 BLOSSOM CIRCLE STREET ADDRESS CITY-ST-ZIF MERRITT ISLAND FL 32952 CITY-ST-ZIP Board Members ☐ Delete TITLE ☐ Change Addition Mark Roasdale NAME STREET ADDRESS 6895 Murrell Rd STREET ADDRESS CITY-ST-ZIP Melbourne FL 32940 CITY-ST-ZIP TITLE Board Member ☐ Delete TITLE ☐ Change **⊠**Addition NAME charlotte Spalding NAME STREET ADDRESS

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ROOTSEY 4-29-02 724-6009

094 Mallard DR