2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mar 13, 2003 8:00 am Secretary of State P01000120202 DOCUMENT # 03-13-2003 90044 003 ***150.00 1. Entity Name MGMTFIRST INC. Mailing Address Principal Place of Business 2820 MANATEE AVE W 2820 MANATEE AVE W SUITE B SUITE B **BRADENTON FL 34205 BRADENTON FL 34205** 3. Mailing Address 2. Principal Place of Business 15310 Suite, Apt. #, etc Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 01-0562610 SARASOTA Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCOTT, MELANIE Street Address (P.O. Box Number is Not Acceptable) 2820 MANATEE AVE W SUITE B Zip Code **BRADENTON FL 34205** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition □ Delete TITLE TITLE NAME NAME SCOTT, MELANIE STREET ADDRESS STREET ADDRESS 2820 MANATEE AVE W #B CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED