FILED
Jun 16, 2003 8:00 am
Secretary of State
05-27-2003 90174 045 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000025865

1. Entity Name
CAFFREY-GREENWAY ACQUISITIONS, INC

DO NOT WRITE IN THIS SPACE

55048313

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1351 CANDLELIGHT BLVD		SAME.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: BROOKSVILLE FL		City & State	
Zip: 34601	Country: UNITED STATES	Zip	Country

4. FEI Number 38-3644572 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: THOMAS S. HOGAN JR
Street Address (P.O. Box Number is Not Acceptable): 20 S. BROAD STREET
City: BROOKSVILLE FL Zip Code 34601

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/VP/S/T	TITLE	
NAME	KARA L. CAFFREY	NAME	
STREET ADDRESS	1351 CANDLELIGHT BLVD	STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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

SIGNATURE: [signature] KARA L. CAFFREY 5-21-03 352-544-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #