## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 28, 2002 8:00 am § Secretary of State DOCUMENT # P97000076175 1. Entity Name 05-28-2002 91693 013 \*\*\*158.75 MAINSTAY GROUP, INC. Principal Place of Business Mailing Address 3200 US HWY 27 S PO BOX 7607 HAINES CITY FL 33844 WINTER HAVEN FL 33883 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0777681 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 SAMMONS, ROBERT O ESQ Street Address (P.O. Box Number is Not Acceptable) 1552 SIXTH STREET SE WINTER HAVEN FL 33880 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 TITLE Delete TITLE ☐ Change ☐ Addition NAME SHERRARD, CHARLES W NAME STREET ADDRESS 3831 GAINES COURT STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33884 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BOCK, MARILEE D NAME STREET ADDRESS STREET ADDRESS 4601 DOGWOOD HILLS CT CITY-ST-7IP **BRANDON FL 33511** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME SHERRARD, K.A NAME STREET ADDRESS 3831 GAINES CT STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33884 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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 all other like empowered.

**FILED**