2000 UNIFORM BUSINESS REPORT (UBR)

ment with an address, with all other like empowered

SIGNATURE:

Judith A.

FILED DOCUMENT # 336056 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name MGL, INC. 04-21-2000 90139 010 ***150.00 Mailing Address Principal Place of Business 4821 N. DIXIE HWY. 4821 N. DIXIE HWY. BOCA RATON FL 33429-8137 BOCA RATON FL 33431-5049 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1225145 Not Applicable \$8.75 Additional Fee Required Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nicklin, George K. NICKLIN, GEORGE K Street Address (P.O. Box Number is Not Acceptable) 340 NE 23rd Way 340 NW 19TH ST. 208 **BOCA RATON, FL** 33432 Zip Co**3**3431 Boca Raton 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D X Change Addition ☐ Delete TITLE TITLE NICKLIN, CONSTANCE F. Nicklin, Constance F NAME NAME 3100 VOLCO RD. STREET ADDRESS 9519 SW 138th Street STREET ADDRESS CITY-ST-ZIP EDGEWATER FL CITY-ST-ZIP <u> Archer, Fl 32618</u> ☐ Addition ☐ Change ☐ Delete TITLE TITLE NICKLIN, JUDITH A NAME 340 NE 23 WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** Addition ☐ Delete Change TITLE NICKLIN, GEORGE K NAME NAME STREET ADDRESS 340 NE 23 WAY STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP ☐ Addition TITLE ☐ Delete 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 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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

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