FILED
Jun 09, 2003 8:00 am
Secretary of State
05-14-2003 90128 049 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F98000002929

1. Entity Name
MCG GROUP, INC.

55047200

[redacted]

Principal Place of Business
3900 VETERANS HIGHWAY SUITE 171
BOHEMIA NY 11716

Mailing Address
3900 VETERANS HIGHWAY SUITE 171
BOHEMIA NY 11716

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
14 PEARL STREET
Suite, Apt. #, etc.

3. Mailing Address
3381 SE CASCADA WAY
Suite, Apt. #, etc.

City & State: PATCHOGUE, NY
Zip: 11772 Country: USA

City & State: HOBE SOUND, FL
Zip: 33455 Country: USA

4. FEI Number 11-3325641 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
FRANK, BRENDA
6010 NW 99TH AVE.
PARKLAND FL 33076

7. Name and Address of New Registered Agent
Name: FRANK, BRENDA
Street Address (P.O. Box Number is Not Acceptable): 3381 SE CASCADA WAY
City: HOBE SOUND FL Zip Code: 33455

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] 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $350.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	FRANK, BRENDA	NAME	
STREET ADDRESS	6010 NW 99TH AVE.	STREET ADDRESS	3381 SE CASCADA WAY
CITY-ST-ZIP	PARKLAND FL 33076	CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	V ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	FRANK, MONICA L	NAME	
STREET ADDRESS	39 SOUTH SNEDECOR AVENUE	STREET ADDRESS	14 PEARL ST
CITY-ST-ZIP	BAYPORT NY	CITY-ST-ZIP	PATCHOGUE, NY 11772
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Brenda Frank 6/4/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #