

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002929

1. Entity Name
MCG GROUP, INC.



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

Mailing Address
3900 VETERANS HIGHWAY SUITE 171
BOHEMIA NY 11716

55047200

2. Principal Place of Business

14 PEARL STREET

Suite, Apt. #, etc.

3. Mailing Address

3381 SE CASCADIA WAY

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

PATCHOGUE, NY

City & State

HOBE SOUND, FL

4. FEI Number

11-3325641

Applied For

Not Applicable

Zip

117072

Country

USA

Zip

33455

Country

USA

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 CASCADIA 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, typed printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$950.00

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
NAME FRANK, BRENDA ☐ Delete
STREET ADDRESS 6010 NW 99TH AVE.
CITY-ST-ZIP PARKLAND FL 33076

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3381 SE CASCADIA WAY
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE ☐ Delete
NAME FRANK, MONICA L
STREET ADDRESS 39 SOUTH SNEDECOR AVENUE
CITY-ST-ZIP BAYPORT NY

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 14 PEARL ST
CITY-ST-ZIP PATCHOGUE, NY 11772

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

CR2E034 (10/02)