FILED 2000 UNIFORM BUSINESS REPORT (UBR) Sep 07, 2000 8:00 am Secretary of State **DOCUMENT # K86006** 1. Entity Name DORIS J. MC GARRAHAN, INC. 09-07-2000 90037 048 ***550.00 Mailing Address Principal Place of Business 13134B QUIET WOODS RD. 13134B QUIET WOODS RD. WELLINGTON FL 33414 WELLINGTON FL 33414 B0105203 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0115949 Not Applicable Country \$8.75 Additional Zio Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCGARRAHAN, DORIS J. Street Address (P.O. Box Number is Not Acceptable) 13134B QUIET WOODS RD. **WELLINGTON FL 33414** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ·D====---TITLE . Delete TITLE OGDEN, DORIS J NAME NAME STREET ADDRESS STREET ADDRESS 13134B QUIET WOODS RD CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL ☐ Addition ☐ Change ☐ Delete TITLE TIME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE 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 STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing dees 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 occurate 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 of execute him security and the security of the corporation or, the receiver or trustee empowered in security and the security of the security of

CITY-ST-ZIP

SIGNATURE:

SIMPLE OF PRINTED NAME OF SIGNING OFFICE OF CHEET

9.4.00 795-4237
Date Daytime Phone #