## Mar 27, 2002 8:00 am Secretary of State FILED 2002 Uniform Business Report (UBR) P00000016947 DOCUMENT # THE SEQUENCE GROUP, INC. 03-27-2002 90078 014 \*\*\*150.00 Principal Place of Business Mailing Address 1605 LINKSIDE DR 1605 LINKSIDE DR 80052637 ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 2. Principal Place of Business 3. Mailing Address 3271 Mercill 11852 WEST 75th Circle Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3628199 CO LORADA JACKSONUILLE BEACH ARVADA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired NSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONNA J. mckee **DELCARMEN, CECILIO** Street Address (P.O. Box Number is Not Acceptable) 795 SAILFISH DR ATLANTIC BEACH FL 32233 3271 MERRILL BLUD. JACKSUNUITE 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) 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 ☐ Addition COALSON, JAY M NAME 1605 LINKSIDE DR 11852 WEST 75th Creck STREET ADDRESS STREET ADDRESS ATLANTIC BEACH FL 32233 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

3-11-2072 303-907 8933 Date Daytime Phone #

Change

☐ Addition