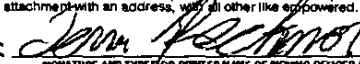


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90157 009 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

80099192

DOCUMENT # P00000077583			
1. Entity Name GARRISON & SLOAN, INC.			
Principal Place of Business 110 SE 6TH STREET SUITE 1970 FT. LAUDERDALE, FL 33301		Mailing Address 110 SE 6TH STREET SUITE 1970 FT. LAUDERDALE, FL 33301	
2. Principal Place of Business 1601 N PALM AVE Suite, Apt. #, etc. 309 B		3. Mailing Address 1601 N PALM AVE Suite, Apt. #, etc. 309 B	
City & State Pembroke PINES		City & State Pembroke PINES	
Zip 33026		Country USA	
4. FEI Number 65-1047423		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARGULES, LEON R ESQ. 110 SE 6TH STREET SUITE 1970 FT. LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name: Michael S. Joffe Street Address (P.O. Box Number is Not Acceptable): 1601 N PALM AVENUE 309 B City: Pembroke PINES FL Zip Code: 33026	
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: 		DATE: 4/24/03	
NOTE: Registered Agent signature required when renewing.			
FILE NOW!!! FEE IS \$150.00 As of May 1, 2003 Fee will be \$155.00 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: DPS NAME: RECKNOR, TERRI LYNN STREET ADDRESS: 926 SPOONBILL CIRCLE CITY-ST-ZIP: WESTON, FL 33326		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
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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: 		DATE: 4/24/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034 (10/02)