FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Sep 12, 2002 8:00 am Secretary of State P00000085980 DOCUMENT # 1. Entity Name 9-12-2002 90093 034 ***550.00 BOSTON BUSINESS GROUP, INC. Principal Place of Business Mailing Address 122 OAKVIEW CIRCLE 122 OAKVIEW CIRCLE LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address I'll North MANGE AVE <u>111 N. OZANGE AVE</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite City & State City & State 4. FÉ! Number Applied For 59-3699833 Florido ORI ANDO Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MATTHEW CARLEY, MATTHEW Street Address (P.O. Box Number is Not Acceptable) 122 OAKVIEW CIRCLE LAKE MARY FL 32746 lit N. ORANGE City allando 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. am familiar with, and accept d title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangib 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, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change CARLEY, MATTHEW T NAME NAME 1188 BRAMPTON COVE STREET ADDRESS STREET ADDRESS **HEATHROW FL 32746** CITY-ST-ZIP CITY-ST-ZIP 32801 Orlando TITLE ☐ Delete TITLE Change Addition NAME DUFFY, MATTHEW NAME STREET ADDRESS 122 OAKVIEW CIRCLE STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP ☐ Delete TITLE . ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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

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 with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

407-649-1609

☐ Change

☐ Addition