2003 FOR PROFIT CORPORATION

FILED Mar 20, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P00000105533 **DOCUMENT #** 1. Entity Name 03-20-2003 90137 049 ***150.00 MERIDIAN FINANCIAL & CO. INC. Principal Place of Business Mailing Address 2424 N. FEDERAL HWY., STE. 200 9201 NW 17 STREET **BOCA RATON FL 33431** PLANTATION FL 33322 2. Principal Place of Business 3. Mailing Address 9201 NW 17 Street Suite, Apt. #, etc. Suite: Apt-#-ete -CHECK-HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1122062 Plantation Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired u.s.A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NICHOUS · CHRISTUPHER NICHOLS, CHRISTOPHER G Street Address (P.O. Box Number is Not Acceptable) 1818 MIDDLE RIVER DR., #705 N W FT. LAUDERDALE FL 33305 Zip Code Plantation 33322 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 inted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITI F ☐ Delete President ■ Addition NICHOLS, CHRISTOPHER G NAME NICHOLS CHRISTOPHER G NAME 2424 N. FEDERAL HWY., STE. 200 STREET ADDRESS STREET ADDRESS 9201 NW 17 Street **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP Plantation, TITLE ☐ Delete TITLE Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE:

UFOHRISTORHER DICHOLS

12. Thereby certify that the information supplied with this filling 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.

□ 2/1/□ 3 S6/- 989-0077
Date Daytime Phone #