FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State
03-20-2003 90125 013 ***150.00

DOCUMENT # P01000039464

1. Entity Name

CRG Hangers, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1210 Ocean Front	1210 Ocean Front
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Neptune Beach, FL	City & State: Neptune Beach, FL
Zip: 32266-6045 Country: Duval	Zip: 32266-6045 Country: Duval

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3709921 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Patrick W. Clyne

Street Address (P.O. Box Number is Not Acceptable): 1210 Ocean Front

City: Neptune Beach, **FL** Zip Code: 32266-6045

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: Patrick W. Clyne — Patrick W, Clyne — March 18, 2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE P NAME Patrick W. Clyne STREET ADDRESS 1210 Ocean Front CITY-ST-ZIP Neptune Beach, Fl 32266-6045	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE V NAME Linda Lynch Clyne STREET ADDRESS 1210 Ocean Front CITY-ST-ZIP Neptune Beach, FL 32266-6045	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick W. Clyne — Patrick W. Clyne — Mar 18, 2003 — (904) 249-1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #