APR-24-2002 19:38 G.H.R.

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90092 012 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000075064

1. Entity Name
McFADDEN & MORRISON, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
727 N. Lake Adair Blvd.	727 N. Lake Adair Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32804 Country: U.S.A.	Zip: 32804 Country: U. S. A

DO NOT WRITE IN THIS SPACE

4. FEI Number — X Applied For / Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: R. Lee Bennett, Esquire
Street Address (P.O. Box Number Is Not Acceptable): GrayHarris
301 East Pine St., Suite 1400
City: Orlando FL Zip Code: 32801

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.

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00 After May 1 Fee is $550.00 Amended UBR Fee is $61.25 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P,S & D
NAME	Greg Morrison
STREET ADDRESS	727 N. Lake Adair Blvd.
CITY-ST-ZIP	Orlando, FL 32804
TITLE	V, T & D
NAME	Jeff K. McFadden
STREET ADDRESS	727 N. Lake Adair Blvd.
CITY-ST-ZIP	Orlando, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: Jeff K. McFadden April 2002 (407) 234-8412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #