## FILED Jun 23, 2002 8:00 am Secretary of State

05-22-2002 90175 041 \*\*\*150.00

~ - L &. 2002 UNIFORM BUSINESS REPORT (UBR) P01000082050 DOCUMENT # 1. Entity Name THE CONDOR GROUP INTERNATIONAL, INC. Principal Place of Business Mailing Address 531 MAIN ST. SUITE 1 531 MAIN ST. SUITE 1 SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695

2. Principal Place of Business 3. Mailing Address 3323 3323 Cobbs Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE. City & State
PAIM NARLOA 4. FEI Number 061 Applied For Not Applicable CountrySN \$8.75 Additional 5. Certificate of Status Desired Fee Required 7:=Name and Address of New Registered Agent --MEDLEY, STAN Street Address (P.O. Box Number is Not Acceptable) 411 CLEVELAND ST #225 **CLEARWATER FL 33755** Cliv Zip Code 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** Signatura, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE CR2E034 (9/01) Wilson, Ward NAME 100 PIERCE ST. #502 STREET ADDRESS STREET ADDRESS CLEARWATER FL 33758 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition Bush, Robert NAME NAME 3323 COBBS CT STREET ADDRESS STREET ADDRESS CiTY=ST-ZIP PALM HARBOR FL-34684 CITY-ST-ZIP. -TITLE ☐ Delete ☐ Change ☐ Addition WELDON, BOB NAME NAME STREET ADDRESS 232 HIGHLAND WOODS DR STREET ADDRESS SAFETY HARBOR FL 34695 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition Cassidy, andrew NAME 26101 MARSH LANDING PKWY STREET ADDRESS STREET ADDRESS PONTE VEDRA FL 32082 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition Parker, Joel NAME NAME 411 CLEVELAND ST #247 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33755 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 changed, or on an attachment with an address

SIGNATURE

4-30-02

Daytime Phone #