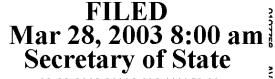
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000054336 DOCUMENT # 1. Entity Name



03-28-2003 90118 019 ***150.00

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MORAN & NICHOLSON INC. Principal Place of Business Mailing Address 2754 W. ATLANTIC BLVD. #13 2754 W. ATLANTIC BLVD. #13 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 04-3670136 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NICHOLSN, DAVID E Street Address (P.O. Box Number is Not Acceptable) 2754 W. ATLANTIC BLVD. #13 POMPANO BEACH FL 33069 City Zip Code 8. The above named entity submits this staten 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 SIGNATURE are, typed or printed 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 · OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. TITLE : PRESIDENT Delete TITLE Change ☐ Addition NICHOLSON, DAVID E NAME 📝 NAME 2754 W. ATLANTIC BLVD. #13 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 78P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 truesee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachm

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP