FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90222 030 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000113142

70038921

1. Entity Name
FLORIDA EXPORT GROUP, INC.

Principal Place of Business
1205 SEAWAY DRIVE
FORT PIERCE, FL 34950

Mailing Address
1205 SEAWAY DRIVE
FORT PIERCE, FL 34950

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address: 1713 RIO VISTA DR.
Suite, Apt. #, etc.
City & State: FT. PIERCE FL.
Zip: 34949 Country: ST. LUCIE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 82-0572721 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
MULDERRIG, LEE
1205 SEAWAY DRIVE
FORT PIERCE, FL 34950

7. Name and Address of New Registered Agent
Name: LEE MULDERRIG
Street Address (P.O. Box Number Is Not Acceptable): 1713 RIO VISTA DR.
City: FT. PIERCE FL Zip Code: 34949

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LARGE, LEE 1379 S.W. VICUNA LANE PORT ST. LUCIE, FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MULDERRIG, LEE 1713 RIO VISTA DRIVE FORT PIERCE, FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/3/03 772-468-6640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #