

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2003 8:00 am
Secretary of State

06-05-2003 90129 038 ***150.00

DOCUMENT # P02000114128

1. Entity Name
MUNROE GROUP AND ASSOCIATES INC.



Principal Place of Business
8749 VENTURE CENTER WAY
6106
BOYNTON BEACH FL 33437

Mailing Address
8749 VENTURE CENTER WAY
6106
BOYNTON BEACH FL 33437

55048856

2. Principal Place of Business

Mailing Address

7849 VENTURE CENTER WAY
APT # 6106

7849 VENTURE CENTER WAY
APT # 6106

☒ CHECK HERE IF MAKING CHANGES

City & State
BOYNTON BEACH FL

City & State
BOYNTON BEACH FL

4. FEI Number
13-4227952

Applied For
Not Applicable

Zip Country
33437 USA

Zip Country
33437 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COYOTE ACCOUNTING, INC.
12228-2 SAG HARBOR COURT
WELLINGTON FL 33414

Name MARK A MUNROE
Street Address (P.O. Box Number is Not Acceptable)
7849 VENTURE CENTER WAY
APT # 6106
City BOYNTON BEACH FL Zip Code 33437

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

5/1/2003

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

TITLE PTS
NAME MUNROE, MARK
STREET ADDRESS 8749 VENTURE CENTER WAY, #6106
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN YEAR

TITLE PRESIDENT / TREASURER
NAME MUNROE, MARK
STREET ADDRESS 7849 VENTURE CENTER WAY APT # 6106
CITY-ST-ZIP BOYNTON BEACH, FL 33437

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/2003 (561) 665 0104

Date

Daytime Phone

CR2E034 (10/02)