FILED
May 23, 2003 8:00 am
Secretary of State
04-30-2003 90097 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000133900

55043276

1. Entity Name
MCT MANAGEMENT, INC.

Principal Place of Business	Mailing Address
RT 10, BOX 526 G LAKE CITY, FL 32025	RT 10, BOX 526 G LAKE CITY, FL 32025

2. Principal Place of Business	3. Mailing Address
Rt Box 526 G	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Lake City	City & State
City & State FL	
Zip 32025 County Columbia	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3145155 ☐ Applied For ☐ Not Applicable

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
THEVENIN, MARIE C RT 10, BOX 526 G LAKE CITY, FL 32025	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Marie Thevenin MARIE THEVENIN 4/28/03
(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when changing) 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	P THEVENIN, MARIE C RT 10, BOX 526 G LAKE CITY, FL 32026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V THEVENIN, MARIE C RT 10, BOX 526 G LAKE CITY, FL 32026	☐ 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: Marie Thevenin 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #