FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State
04-10-2003 90114 047 ***150.00

DOCUMENT # P03000059589

1. Entity Name
TREGARON, LTD., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7300 20th Street	7300 20th Street
Suite, Apt. #, etc. Village Green, Lot 117	Suite, Apt. #, etc. Village Green, Lot 117
City & State Vero Beach, FL	City & State Vero Beach, FL
Zip 32966-8814 Country USA	Zip 32966-8814 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0436232 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: HUGH D. LOGSDON
Street Address (P.O. Box Number is Not Acceptable): 7300 20th Street
Village Green, Lot 117
City: Vero Beach FL Zip Code: 32966-8814

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

$150.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres, Secretary & Treasurer Hugh D. Logsdon 7300 20th Street Village Green, Lot 117 Vero Beach, FL 32966-8814
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: H D Logsdon Pres. 4/5/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

H D Logsdon