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FILED
Jun 10, 2002 8:00 am
Secretary of State
05-21-2002 91141 011 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000088608 ✓

1. Entity Name

MCG DIVERSIFIED, INC.

92101

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
770 First Ave N.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: St. Petersburg, FL	City & State	4. FEI Number: 59-3217746 ☐ Applied For ☐ Not Applicable
Zip: 33701 Country: Pinellas	Zip Country	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: Marguerite Godes

Street Address (P.O. Box Number is Not Acceptable): 770 First Ave N

City: St. Petersburg FL Zip Code: 33701

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.

SIGNATURE: Marguerite Godes 4-30-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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

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

11. OFFICERS AND DIRECTORS

TITLE: P NAME: GODES, MARGUERITE STREET ADDRESS: 770 1ST AVE. N. CITY-ST-ZIP: ST. PBG, FL 33701	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: T NAME: SOLOMON, JAY D. STREET ADDRESS: 770 1ST AVE. N. CITY-ST-ZIP: ST. PETERSBURG, FL 33701	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: S NAME: LARSEN, LAURA L. STREET ADDRESS: 770 - 1st Ave. N. CITY-ST-ZIP: St. Petersburg, FL 33701	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Marguerite Godes 4-30-02 (727)896-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Marguerite Godes