2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2002 8:00 am Secretary of State DOCUMENT # P95000032801 1. Entity Name MCGREGAN ENTERPRISES, INC. 04-30-2002 90153 010 ***150.00 Principal Place of Business Mailing Address 940 INDUSTRIAL BLVD. 940 INDUSTRIAL BLVD. JENSÉN BEACH FL 34957 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0600930 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCGREGAN, JAMES H Street Address (P.O. Box Number is Not Acceptable) 940 N/E INDUSTRIAL BLVD. JENSEN BEACH FL 34957 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCGREGAN, JAMES H NAME NAME STREET ADDRESS 940 INDUSTRIAL BLVD. STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCGREGAN, MICHAEL J NAME STREET ADDRESS 940 INDUSTRIAL BLVD. STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL CITY-ST-ZIP Delete THIF Change Addition NAME MCGREGAN, PATRICK J STREET ADDRESS 940 INDUSTRIAL BLVD. STREET ADDRESS CITY-ST-ZIE JENSEN BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-7iP

TITLE

NAME

STREET ADDRESS

CITY-ST-7/P

☐ Delete

Change

☐ Addition