2002 UNIFORM BUSINESS REPORT (UBR) P95000042803 DOCUMENT # 1. Entity Name MARY A. CROLEY, INC. 02 OCT 11 AMII: 42 Principal Place of Business Mailing Address 2814 REMINGTON GREEN CIRCLE P.O. BOX 13619 TALLAHASSEE FL 32317 TALLAHASSEE FL 32317-3619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State FEI Number Applied For 59-3323551 Not Applicable Zip Country Zip Country \$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 CROLEY, MARY A Street Address (P.O. Box Number is Not Acceptable) 2814 REMINGTON GREEN CIRCLE TALLAHASSEE FL 32317 City 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** 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE ☐ Delete TITLE 9000084256499 Addition CROLEY, MARY A NAME NAME 10/17/02--01039--027 **150.00 2814 REMINGTON GREEN CIRCLE STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32317 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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

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 attacks, with all other like empowered.

SIGNATURE

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-02 1-850 386-1922

OCTOBER 11,2002

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P. O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE ACCEPT THIS LETTER AS MY APOLOGY FOR FILING MY 2002 UNIFORM BUSINESS REPORT LATE.

IN THE PAST MY CPA HAS TAKEN CARE OF THIS, BUT THIS TIME HE WAS NOT HERE TO HELP ME

MR. DAVID BEIDEL HAS BEEN MY CPA FOR MANY YEARS. HE HAS ALWAYS BEEN ACTIVE IN THE RESERVES SPENDING MOST OF WEEK ENDS FLYING JETS OUT OF EGLIN AIR BASE. HE WAS CALLED OUT FOR ACTIVE DUTY AND SENT TO AFGANISTAN TO TRAIN RECRUITS. AT THIS TIME, IT IS NOT KNOWN WHEN HE WILL RETURN.

YOUR ASSISTANCE AND UNDERSTANDING WILL BE APPRECIATED.

MARY A. CROLEY
MARY A. CROLEY, INC.
P. O. BOX 13619
Tallahasee, F1. 32317

DOCUMENT # P95000042803