FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91335 033 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097742

1. Entity Name
THE MEMORY MAN, INC.

665007

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5440 Mounes Street	3107 Stirling Road
Suite, Apt. #, etc. Suite 112	Suite, Apt. #, etc. Suite 201
City & State Jefferson LA	City & State Fort Lauderdale FL
Zip 70123 Country U.S.	Zip 33312 Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0629300 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name Joseph D. Sachs CPA
Street Address (P.O. Box Number is Not Acceptable) 3107 Stirling Road
Suite 201
City Fort Lauderdale FL Zip Code 33312

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 ______________________ DATE
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 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.S.
NAME	Jay Oeeman
STREET ADDRESS	238 Garden Road
CITY-ST-ZIP	River Ridge LA 70123
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 [signature] 5/1/02 954-985-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #