FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90111 033 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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| DOCUMENT # | P96000023150 |
| 4 F-15 - 11 | |

CORPORATE GROWTH CONSULTANTS, INC.



Principal Place of Business Mailing Address P.O. BOX 13202 Nout agavere P.O. BOX 13202 PENSACOLA FL 32591-3202 PENSACOLA FL 32591-3202 2. Principal Place of Business 3. Mailing Address ☐ CHECK HERE IF MAKING CHANGES Çity & State City & State 4. FEI Number Applied For 65-0665988 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUSKEY, J. DAVID JR. Street Address (P.O. Box Number is Not Acceptable) 2455 E. SUNRISE BLVD. PENTHOUSE WEST FORT LAUDERDALE FL 33304 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE SD Delete TITLE ☐ Addition NAME GORDON, SETH NAME STREET ADDRESS 444 BRICKELL SUITE 1050 STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE PTD ☐ Delete TITLE ☐ Addition NAME GRIFFITH, G. KAY NAME STREET ADDRESS PO BOX 13202 STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32591-3202 CITY-ST-ZIP ٧D ☐ Delete TITLE ☐ Change ☐ Addition NAME MCGEE, C. EDWARD JR. NAME STREET ADDRESS 2455 E. SUNRISE BLVD., PENTHOUSE WEST STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY-ST-ZIP TITLE D Duricles Delete TITLE ☐ Addition NAME BARER, HEIDI NAME STREET ADDRESS 905 S. BAYSHORE DRIVE, SUITE 727 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE T 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

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

SIGNATURE

SIGNATURE PROLITED TO DIRECTOR

January 17/200 3 850 - 23: