**FILED**
**Mar 19, 2002 8:00 am**
**Secretary of State**
03-19-2002 90031 046 ***158.75

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096904 ✓

1. Entity Name
MRIK Group, Inc.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4508 Oak Fair Blvd | Same as Principal |
| Suite, Apt. #, etc.: Süite 270 | Suite, Apt. #, etc. |
| City & State: Tampa FL 33610 | City & State |
| Zip: 33610 Country: Hillsbourgh | Zip Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0792861 ☐ Applied For ☐ Not Applicable

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: William Scott Wells
Street Address (P.O. Box Number is Not Acceptable): 6316 Turtle Creek Road
City: Tampa FL Zip Code: 33625

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: William Scott Wells VP 02-28-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | Chairman/Treasurer<br>Tom Brown, 8502 E Chapman Ave<br>Ste 318 Orange CA 92869 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/S<br>Dr. Richard Standridge, MD<br>2141 East Broadway STE 118<br>Tempe AZ 85282 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Larry Jones<br>3901 Halloak Ct. V<br>Valrico FL 33594 |
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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: Lawrence Jones 2-28-02 (813) 740-9363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #