

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 # **997000096904** ✓
1. Entity Name
MRIK Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4508 Oak Fair Blvd
Suite, Apt. #, etc.
Suite 270

3. Mailing Address
Same as Principal
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa FL 33610

City & State

4. FEI Number
65-0792861

Applied For
Not Applicable

Zip
33610

Country
Hillsborough

Zip

Country

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

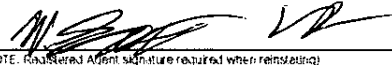
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7. Name and Address of Current Registered Agent

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**  **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
Tom Brown, 8502 E Chapman Ave
Ste 318 Orange CA 92869**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P/S
Dr. Richard Standridge, MD
2141 East Broadway STE 118
Tempe AZ 85282**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V.P. Larry Jones
Larry Jones
3901 Halloak Ct. V
Valrico FL 33594**

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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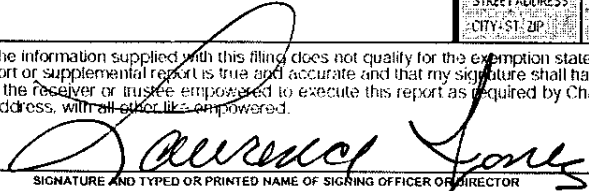
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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:  **2-28-02 (813) 740-9363**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)