04/20/00 THU 14:29 FAX 8132891959 Cameron Company

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90204 050 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036309

1. Entity Name

MJG Consulting, Inc.

Principal Place of Business	Mailing Address
5902 Memorial Hwy 1204 Tampa, FL 33615	5902 Memorial Hwy 1204 Tampa, FL 33615

C0082351

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3409 Belle Shadow Lane	3409 Belle Shadow Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa FL
Zip: 33634 Country: USA	Zip: 33634 Country: USA

4. FEI Number 59-3524877 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Gilbert, Guy H.
2620 W. Kennedy Blvd.
Tampa, FL 32609

7. Name and Address of New Registered Agent

Name: Michael J. Guergawi
Street Address (P.O. Box Number is Not Acceptable): 3409 Belle Shadow Lane
City: Tampa FL Zip Code 33634

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 [signature] 4/24/00

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)

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	Michael J. Guergawi	NAME	
STREET ADDRESS	5902 Memorial Hwy 1204	STREET ADDRESS	3409 Belle Shadow Lane
CITY - ST - ZIP	Tampa, FL 33615	CITY - ST - ZIP	Tampa, FL 33634
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	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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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	

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 address, with all other like empowered.

SIGNATURE: [signature] Michael J. Guergawi 4/24/00 813-765-8195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL22081F.1