FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 25, 2000 8:00 am Secretary of State DOCUMENT # **P98000075882** 04-25-2000 90097 029 ***150.00 MCGROGAN CONSULTING, INC. Mailing Address Principal Place of Business 1774 REGATTA DRIVE REGATTA DRIVE 947551 BEACH FL 32034 FERNANDINA BEACH FL 32034-5534 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3530439 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCGROGAN, PATRICK A Street Address (P.O. Box Number is Not Acceptable) 1774 REGATTA DRIVE FERNANDINA BEACH FL 32034 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRESIDENT Change Delete TITLE TITLE MCGROGAN, PATRICK A MCGROGAN, PATRICK A NAME . NAME 1774 REGATIA DRIVE STREET ADDRESS 1774 REGATTA DRIVE STREET ADDRESS CITY-ST-ZIE FERNAUDINA BEMON FL 32034 CITY-ST-7IP FERNANDINA BEACH FL 32034 VICE PRESIDENT ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME <u>NA</u>ME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP oos not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as confired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and of the corporation or the receiver of trustee empoyered to changed, or on an attachra

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