FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075882

1. Entity Name

MCGROGAN CONSULTING, INC.

SIGNATURE: 4



SECRETARY OF STATE
VISION OF CORPORATIONS

03 APR 23 PM 2: 17

Ę		ş.	Γ,		1.5			14		٠, ,	90 L	100	11/2		1		. 'a'	٠,٤	27.		 5 5	~ . ·	C
ć.		_	•			_							* f .			-	_			∛S		\sim	-
•	- 3	Ŧ.			ч	# ∵		1	ln	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 1	• "	ВГ	۱ŧ.	3.		4 1			 л	₽ .5.	
n				•	w	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	19					7	5 I	•						 _		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2. Principal Place of Bispenses 1774 Regata Drive 1775 Regata Drive 1774 Regata Drive 1775 February 1774		E CONTRACTOR OF THE STATE OF TH			•						
Suite, April # etc. Suite											
City & State City &											
Fernandina Beach, FL 2034 County USA 2034 County County USA 2034 County C	Suite, Apt.	#, etc.	Suite, Apt. #. etc.		14	DO NOT WRITE IN THIS SPACE					
Country San Country San Country San	City & State	3			4. F	El Number 50 3530430	Applied For				
DO NOT WRITE IN THIS SPACE The manual Address of Current Registered Agent The particle A. McGrogan Street Address (P.O. Box Number is Not Acceptable) T74 Regatta Drive T77 Regatta Drive T97 Fernandina Beach TL 32034 8. The above named early submits this statement to the purpose of charging its registered agent, or both, in the State of Foliats. I am familiar with, and accept the obligations of registered agent. SCHATURE 30.000 State of principles of the purpose of charging its registered office or registered agent, or both, in the State of Foliats. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foliats. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foliats. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foliats. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foliats. I am familiar with, and accept the obligations of registered agent. SCHATURE 30.000 State of principles with familiar with and acceptable in the purpose of charging its registered agent, or both, in the State of Foliats. I am familiar with, and acceptable in the Control of the State of Foliats. I am familiar with, and acceptable in the Control of the State of Foliats. I am familiar with, and acceptable in the Control of the State of Foliats. I am familiar with, and acceptable in the Control of the State of Foliats. I am familiar with, and acceptable in the Control of the State of Foliats. I am familiar with a state of Foliats. I am fa	Fernandin	na Beach, FL	Fernandina Beach,	<u>FL</u>		39-3330439	Not Applicable				
DO NOT WRITE IN THIS SPACE 1774 Regatta Drive City Fernandina Beach FL 32034 8. The above named only is 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the supplementation agent, or both, in the State of Florida. I am familiar with, and accept the supplementation agent, or both, in the State of Florida. I am familiar with, and accept the supplementation agent, or both, in the State of Florida. I am familiar with, and accept the supplementation agent, and accept the supplementation agent and their two spinsors that has been supplementation. Applementation						Lentificate of Status Desired:	Fee Required				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forica. I am familiar with, and accept the obligators of registered agent. Signature	引持的治院		一种大学	〒数 1	7Na	me and Address of Current Registered	1 Agent				
IN. THIS SPACE Only Fernandina Beach The above named only submist this statement for time purpose of changing its registered office or registered agent, or both, in the State of Fordica. I am familiar wim, and accept the obligations of registered agent, or both, in the State of Fordica. I am familiar wim, and accept the obligations of registered agent. SIGNATURE January 1. May 1. Fee is 150.00.00. January 1. May 1. Fee is 150.00.00. Amonded UBR is 550.00.00. Amonded UBR is 550.00.00. Amonded UBR is 561.00.00. Amonded UB	and the second s			Name F	Patrick A. I	McGrogan					
IN. THIS SPACE Only Fernandina Beach The above named only submist this statement for time purpose of changing its registered office or registered agent, or both, in the State of Fordica. I am familiar wim, and accept the obligations of registered agent, or both, in the State of Fordica. I am familiar wim, and accept the obligations of registered agent. SIGNATURE January 1. May 1. Fee is 150.00.00. January 1. May 1. Fee is 150.00.00. Amonded UBR is 550.00.00. Amonded UBR is 550.00.00. Amonded UBR is 561.00.00. Amonded UB	以表示 ***	DO NOT WI	RITE	Street A	ddress (P.O. B						
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 lamillar with, and accept the obligations of registered agent. SIGNATURE SIGNATUR				5 30							
8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE January 1				- 1/2 <u></u>			7:-0-4-				
The obligations of registered agent. SIGNATURE Signature 1. May 1. Fee is \$15.0.00				City Fe	rnandina I	Beach FL	- 32034				
Signature Sign			the purpose of changing its re	egistered office or	registered ag	ent, or both, in the State of Florida. I am I	amiliar with, and accept				
Street August 2 Street Aug	the obligati	ons of registered agent.									
Comparison of the property agent and the language Comparison Com	DICMATHRE	•									
After May 1- Fee is \$550.00 May be Added to Fees Make Check Payable to Florida Department of State. 10. OFFICERS AND DIPECTORS THE MAKE STREET ADDRESS CITY-ST-2P THE MAKE	SIGNATURE	Signature, typed or printed name of registered agent ar	nd tife if applicable. (NOTE:	Registered Agent signati	ire required when re	instititing) DATE					
Make Check Payable to Florida Department of State Make Check Payable to Florida Department of State Inc. OFFICIERS AND DIRECTORS INC. P - Patrick A. McGrogan 6501 Red Hook Plaza, Suite 20 St Thomas, JUSVI 00802 IT ST.2P INC. STEET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P THE MAKE STREET ADDRESS CITY-ST-2P THE M						9 Flaction Campaign Figancing	\$5.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S						· · · · · · · · · · · · · · · · · · ·					
TITLE NAME S - Frances McGrogan TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZI			State								
NAME STREET ADDRESS CITY-ST-ZIP ST Frances McGrogan 1774 Regatta Drive Fernandina Beach, FL 32034 STREET ADDRESS CITY-ST-ZIP NAME	10.	OFFICERS AND [DIRECTORS		5 60 300	the transfer of the state of th	2/36				
SIRET ADDRESS CITY-ST-ZIP TILE NAME SIRET ADDRESS CITY-ST-ZIP TILE SIRET ADDRESS CITY-ST-ZIP TILE NAME SIRET ADDRESS CITY-ST-ZIP TILE NAME SIRET A		P - Patrick A. McGrogan	3	THILE TO A TO A		* 000016813	110				
St. Thomas, USVI 00802 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TOTAL ST-ZIP TOTAL ST-	L		za, Suite 20			04/23/0301067005	**150.00				
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	STREET MUDRESS			STREET ADDRESS	4.1						
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP				State of							
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP STREET ADDRE				1 77							
THE NAME STREET ADDRESS GITY-ST-ZIP TILE NAME STREET ADDRESS GITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADD	t			1			44, 45				
NAME CIRCET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY	CITY-ST-ZIP	Fernandina Beach, FL 3203	34	City_ST-ZIP							
STREET ADDRESS OTTY-ST-ZIP TITLE NAME STREET ADDRESS OTTY-ST-ZIP TITLE NAME NAME STREET ADDRESS OTTY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS OTTY-ST-ZIP TITLE NAME NAME STREET ADDRESS OTTY-ST-ZIP TITLE NAME STREET ADDRESS OTTY-ST-ZIP TITLE NAME STREET ADDRESS OTTY-ST-ZIP TITLE NAME STREET ADDRESS OTTY-ST-ZIP 12. I hereby certify that the information supplied with this first 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 the add accurate and that my signature shall have the same legal effect as if made under cart, that I am an officer or director of the corporation or the receiver of usues error word in execute this report as required by Computer 60.7 Statutes and that my earns appread to a corporation or the receiver of usues error word in execute this report as required by Computer 60.7 Statutes and that my earns appeared in Block 10 or one execute this report as required by Computer 60.7 Statutes and that my earns appeared in Block 10 or one execute this report as required by Computer 60.7 Statutes and that my earns appeared in Block 10 or one execute this report as required by Computer 60.7 Statutes and that my earns appeared in Block 10 or one execute this report as required by Computer 60.7 Statutes and that my earns appeared in Block 10 or one executed this report as required the computer of the co	TITLE			TITLE							
STREET ADDRESS OTTY-ST-ZIP TITLE NAME STREET ADDRESS OTTY-ST-ZIP TITLE NAME NAME STREET ADDRESS OTTY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS OTTY-ST-ZIP TITLE NAME NAME STREET ADDRESS OTTY-ST-ZIP TITLE NAME STREET ADDRESS OTTY-ST-ZIP TITLE NAME STREET ADDRESS OTTY-ST-ZIP TITLE NAME STREET ADDRESS OTTY-ST-ZIP 12. I hereby certify that the information supplied with this first 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 the add accurate and that my signature shall have the same legal effect as if made under cart, that I am an officer or director of the corporation or the receiver of usues error word in execute this report as required by Computer 60.7 Statutes and that my earns appread to a corporation or the receiver of usues error word in execute this report as required by Computer 60.7 Statutes and that my earns appeared in Block 10 or one execute this report as required by Computer 60.7 Statutes and that my earns appeared in Block 10 or one execute this report as required by Computer 60.7 Statutes and that my earns appeared in Block 10 or one execute this report as required by Computer 60.7 Statutes and that my earns appeared in Block 10 or one execute this report as required by Computer 60.7 Statutes and that my earns appeared in Block 10 or one executed this report as required the computer of the co	NAME		,	NAME	براهانية جعد البرية ويدايشو	de Road de la company de la co	2				
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CI				STREET ADDRESS		DO NOT WEI	TERM				
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this firing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this teport or supplemental report is the and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver Drussee error when directors are quirted by Chapter Statutes and that my same appears and section 119.07(3) Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are same same same and same	CITY-ST-ZIP			CITY-ST-ZIP		DO NOT WELL					
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this firing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this teport or supplemental report is the and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver Drussee error when directors are quirted by Chapter Statutes and that my same appears and section 119.07(3) Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are placed in Section 502. Florida Statutes and that my same appears are same same same and same	TITLE			4		IN THIS SPACE	CE ROLL				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fund does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this teport or supplemental report is the 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 Drussee error where the second sequence of the Corporation or the receiver Drussee error where the sequence for Provide Statutes 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 Drussee error where the sequence by Chapters and that my same appears to Block 10 or one or				14.6							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 10. I hereby certify that the information supplied with this fund does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this teport or supplemental report is the and accurate and that my signature shall have the same legal effect as if made under orath; that I am an officer or director of the corporation or the receiver Decrease appears in Block 10 execute this report as required by Chapter Statutes and that my same appears in Block 10 execute in Section 119.07(3) Statutes.					7	· · · · · · · · · · · · · · · · · · ·					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. 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 teport or supplemental report is the 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 Decrease appears in Block 10 ergony.	77.5						8				
STREET ADDRESS ONY-ST-ZIP TITLE NAME STREET ADDRESS ONY-ST-ZIP TITLE NAME STREET ADDRESS ONY-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 teport or supplemental report is the 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 Drustee enarghment to provide this report as required by Charlet Statutes and that my same appears in Block 10 or one of the corporation of the receiver of the corporation of the receiver of the statutes and that my same appears in Block 10 or one of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of				>× *	ŧ ,						
INTLE NAME STREET ADDRESS 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 teport or supplemental report is the and accurate and that my signature shall have the same legal effect as if made under onth; that I am an officer or director of the corporation or the receiver Decrease are appeared by Chapter 602. Florida Statutes and that my same appeared in Block 10 or section.	1										
STREET ADDRESS DITY-ST-ZIP 12. I hereby certify that the information supplied with this fying does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this teport or supplemental report is the and accurate and that my signature shall have the same legal effect as if made under orath; that I am an officer or director of the corporation or the receiver of the corporation or the receiver of the corporation of the receiver of the receiver of the receiver of the corporation of the receiver of th					ر در اور اور اور اور اور اور اور اور اور او	· "一个,一个人,	SECTION OF				
STREET ADDRESS DITY-ST-ZIP 12. I hereby certify that the information supplied with this fying does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this teport or supplemental report is the and accurate and that my signature shall have the same legal effect as if made under orath; that I am an officer or director of the corporation or the receiver of the corporation or the receiver of the corporation of the receiver of the receiver of the receiver of the corporation of the receiver of th	TETLE		· · · · · · · · · · · · · · · · · · ·	AUTLE TEACHER	1. 1. 24		1242714 146724				
12. Hereby certify that the information supplied with this fund 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 12 and accurate and that my signature shall have the same legal effect as if made under orate; that I am an officer or director of the corporation or the receiver Darustee engagement of execute this report as required by Charles Statutes.	NAME			1 . W 5.00 / A	Ti						
12. Thereby certify that the information supplied with this first 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 the and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of accurate this report as required by Chapter 602. Florida Statutes: and that my pages appears in Block 10 or one of	1			STREET ADDRESS			经过过被运动				
indicated on this teport or supplemental report is the 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 of custee end where the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of custee end where the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of custee end that I am an officer or director of the corporation or the receiver of custee end that I am an officer or director of the corporation or the receiver of custee end that I am an officer or director of the corporation or the receiver of custee end that I am an officer or director of the corporation or the receiver of custee end that I am an officer or director of the corporation or the receiver of custee end that I am an officer or director of the corporation or the receiver of the corporation of the receiver of the rec				1 1 2 2		是一种的 经公司 经公司	RAM WALLSTON				
of the corporation or the receive of rustee ery owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all the producted	12. Thereby of indicated in	ertify that the information supplied with took this report or supplemental report is to	his filing does not qualify for the	he exemption state	ed in Section 1	19.07(3)(i), Florida Statutes. I further cer	tity that the information				
	of the corp	poration or the receiver of rustee employed with an address with	wered to execute this report	as required by Ch	apter 607, Flo	rida Statutes; and that my name appear	s in Block 10 or on an				