

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000075882

1. Entity Name

MCGROGAN CONSULTING, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR 23 PM 2:17

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1774 Regatta Drive

Suite, Apt. #, etc.

3. Mailing Address  
1774 Regatta Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Fernandina Beach, FL

City & State  
Fernandina Beach, FL

4. FEI Number 59-3530439

Applied For  
Not Applicable

Zip  
32034

Country  
USA

Zip  
32034

Country  
USA

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Patrick A. McGrogan

Street Address (P.O. Box Number is Not Acceptable)

1774 Regatta Drive

City Fernandina Beach

FL Zip Code 32034

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 familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P - Patrick A. McGrogan  
6501 Red Hook Plaza, Suite 20  
St Thomas, USVI 00802

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000016813110  
04/23/03--01067--005 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S - Frances McGrogan  
1774 Regatta Drive  
Fernandina Beach, FL 32034

TITLE  
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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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03 904-631-5828  
Date Daytime Phone #

CR2E034B (12/02)