2002 UNIFORM BUSINESS REPORT (UBR)

Aug 13, 2002 8:00 am Secretary of State DOCUMENT # P98000084477 1. Entity Name 08-13-2002 90223 009 ***550 00 MRG ENTERPRISE, INC. Mailing Address Principal Place of Business 9866 N.W. 1ST COURT 9866 N.W. 1ST COURT PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business JERRY MICHAUD 3. Mailing Address JERRY MICHAUD Sui 2600 KANNER HWY. #R-6 Suit 2600 KANNER HWY. #R-6 DO NOT WRITE IN THIS SPACE **STUART, FL 34994** STUART, FL 34994 City & State 4. FEI Number Applied For 65-0869435 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MICHAUD, GERALD R JERRY MICHAUD ptable) Street Address (P.O. BONNUMBER 15 NO. 17 #R-6 9866 N.W. 1ST COURT STUART, FL 34994 PLANTATION FL 33324 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. I am familiar with, and accept egistered agent. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition JERRY MICHAUD NAME MICHAUD, GERALD R NAME 2600 KANNER HWY. #R-6 STREET ADDRESS 9866 N.W. 1ST COURT STREET ADDRESS **STUART, FL 34994** CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change M.R.G. ENTERPRISE INC. ☐ Addition **JERRY MICHAUD** NAME NAME 2600 KANNER HWY. #R-6 2600 KANNER HWY. #R-6 STREET ADDRESS STREET ADDRESS **STUART, FL 34994** CITY-ST-ZIP STUART, FL 34994 -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 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TIT! F

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

☐ Change

☐ Addition

(4/02)E034 (