2001 UNIFORM BUSINESS REPORT (UBR) May 22, 2001 8:00 am Secretary of State **DOCUMENT #** P98000097012 1. Entity Name 05-22-2001 90024 046 \*\*\*150.00 MEHGAN HEANEY-GRIER, INC. Principal Place of Business Mailing Address 28051 MILLS ROAD LITTLE TORCH KEY, FL 33042 769805 2. Principal Place of Business 3. Mailing Address O WARD & MEYERS, L.L.C DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 3201 FLAGLER AVE, STE 505 City & State Applied For 4. FEI Number City & State 56-0876902 KEY WEST, FL Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required ₿3040∜ US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEANEY-GRIER, MEHGAN Street Address (P.O. Box Number is Not Acceptable) 28051 MILLS ROAD LITTLE TORCH KEY, FL 33042 Zip Code City 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. 4/26/01 <u>Mehgan</u> Heaney-Grier, President SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOWI!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition 3R2E034 (11/00 Change President, VP, D ☐ Delete TITLE TITLE NAME Heaney-Grier, Mehgan NAME STREET ADDRESS STREET ADDRESS 28051 Mills Road CITY-ST-ZIP CITY-ST-ZIP 33042 <u>Little Torch Key, FL</u> Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE 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. Mehgan Heaney-Grier, President

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #