

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90145 030 ***150.00

DOCUMENT # P99000017948

1. Entity Name
MAINSTREET FINANCIAL GROUP, INC.



Principal Place of Business
**480 GULF SHORE DRIVE #105
DESTIN FL 32541**

Mailing Address
**480 GULF SHORE DRIVE #105
DESTIN FL 32541**



2. Principal Place of Business
64 LANDS END DR

3. Mailing Address
64 LANDS END DR

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
#100

City & State
DESTIN, FL

City & State
DESTIN, FL

Zip
32541-5043

Country
USA

Zip
32541-5043

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3559426

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGILL, ROBERT E III
36008 EMERALD COAST PARKWAY STE. 301
DESTIN FL 32541**

Name

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

City

FL

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 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ORR, COLEMAN C
480 GULF SHORE DR #105
DESTIN FL 32541** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ORR, COLEMAN C
64 LANDS END DR
DESTIN, FL 32541-5043** ☒ Change ☐ Addition
Add uss + Spelling

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
ORR, CHARLOTTE A
480 GULF SHORE DR #105
DESTIN FL 32541** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
ORR, CHARLOTTE A.
64 LANDS END DR
DESTIN, FL 32541-5043** ☒ Change ☐ Addition
Add uss

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED HERE, CHARLOTTE A. ORR 3-603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)