## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 07, 2003 8:00 am Secretary of State

DOCUMENT # P99000027950  1. Entity Name MONAGHAN ENTERPRISES, INC.					04-0	.7-2003 90180 0 	933 ***150.( 	00
Principal Place of 685 PARK VALLEY CLERMONT, FL 3	CIRCLE	Mailing Address 685 PARK VALLEY CIRCLE CLERMONT, FL 34711						
2. Principal Place	of Business	3. Mailing Address			- -	<u> </u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number Applied For Not Applied able				
Zip	Country	Zip ;Co		try	5. Certificate of Sta		\$8.75 Ad Fee Require	ditional d
6	t Registered Agent		Name	7. Name and Addr	sea of New Register	ed Agent		
MONAGHAN, TA 685 PARK VALL CLERMONT, FL	EY CIRCLE			Street Address (	P.O. Box Number is N			
	. 1 - 1		ļ	City			Zip Cod	i <del>e</del>
FILE After Ma	we, typed or primed name of expression agen NOWILL FEE: IS: \$150.00 / 1. 2003 Five will be \$550.00 (2016 to Florida Department		FRegistare.	і Адаптэўляцикі коскігас	9. Election (	Campaign Financing d Contribution.	\$5.0	May Be
10.	OFFICERS AND	<del></del>	11.		ADDITIONS/CHAN	GES TO OFFICERS A		
STREET ADDRESS 685	NAGHAN, TAMMY PARK VALLEY CIRCLE RMONT, FL 34711	☐ Delete	a				∏ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZP		☐ Delete	1	1			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	3	- 1	Advisor Manager		Change	Addition
CITY-ST-2P TIBLE NAME STREET ADDRESS	<del></del>	☐ Delote	TITLE NAME STREE	T ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2P		☐ Defete	TITLE NAME STREE	1			Change .	☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZP		☐ Delete	TITLE NAME STREE				☐ Change	☐ Addition
12. I hereby certify indicated on the corporation	that the information supplied with is report or supplemental report is on or the receiver or trustee emplain an attachment with an address.	s true and accurate and that mo owered to execute this report to	the exen	nption stated in Secure shall have the s	same legal effect as if r	made under oath: tha	t I am an officer	or director
SIGNATUR	IE: \(\frac{\fir}{\frac{\fir}\fir\f{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}	PRINTED NAME OF SIGNAING OFFICER (	OR DIRECTO	DR PROF	4.0.00	<u>352</u>	Caysirra Phone #	<del>140(</del>