2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P99000043135

1. Entity Name

MCG SOUTHEAST, INC.



WICG SOUTHEAST, INC.

Country

Principal Place of Business 425 S. CHICKESAW TRAIL ORLANDO FL 32825

City & State

Zip

Mailing Address
P O BOX 4163
ORMOND BEACH FL 32175

City & State

Zip

US

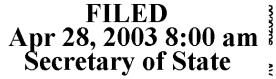
2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent



04-28-2003 90487 014 ***150.00



GOLDEN, MICHAEL 425 S. CHICKESAW TRAIL ORLANDO FL 32825 7. Name and Address of New Registered Agent
Name

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

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 the obligations of registered agent.

Country

SIGNATURE

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Floritia Department of State				
10.	OFFICERS AND DIRECTORS	3	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDEN, MICHAEL 22215 HUROW RIVER DR ROCKWOOD MI 48173	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ 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:

SIGN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 38-255-8150

CR2E034 (10/0)