2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am Secretary of State P99000067368 DOCUMENT # 1. Entity Name CADY & CADY ASSOCIATES, INC. 02-26-2002 90076 003 ***150.00 Principal Place of Business Mailing Address 101 NORTH SEVENTH STREET 101 NORTH SEVENTH STREET LAKE CITY FL 32055 LAKE CITY FL 32055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3590455 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CADY, MICHAEL L Street Address (P.O. Box Number is Not Acceptable) 101 NORTH SEVENTH STREET LAKE CITY FL 32055 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 .10._Election.Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax tiling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CE₀ TITLE Change ☐ Addition CR2E034 (9/01) TITI F ☐ Delete CADY, MICHAEL NAME NAME 101 NORTH SEVENTH STREET STREET ADDRESS STREET ADDRESS LAKE CITY FL 32055 CITY-ST-ZIP CITY-ST-ZIP CF₀ ☐ Change ☐ Addition ☐ Delete CADY, JOSHUA NAME NAME STREET ADDRESS 101 NORTH SEVENTH STREET STREET ADDRESS LAKE CITY FL 32055 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE Change 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

FILED

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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

SIGNATURE: