FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 20, 2002 8:00 am Secretary of State DOCUMENT # P99000108160 1. Entity Name 05-20-2002 90098 025 ***158.75 ELLIOTT MANAGEMENT GROUP, INC. Principal Place of Business Mailing Address 4832 KERRY FOREST PKWY. 4832 KERRY FOREST PKWY. TALLAHASSEE FL 32308 9 TALLAHASSEE FL 32309 9 2. Principal Place of Business 3. Mailing Address 48<u>32 KERRY</u> 4832 KERRY FORESTYKI Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3615956 <u>Talla Massee</u> TALL-KHASS Not Applicable \$8.75-Additional~ 5. Certificate of Status Desired ろくろひ **ラレッロ** EO 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARRY ELLIOTT, LARRY G 4832 KERRY FOREST PKWY. KERRY FOREST TALLAHASSEE FL 32308 9 above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) **PSM** ☐ Delete Change Change ELLISTT, LARRY G NAME ELLIOTT, LARRY G NAME 4832 KERKY FOREST STREET ADDRESS 4832 KERRY FOREST PKWY STREET ADDRESS CITY-ST-7IP TALLAHASSEE FL 32308 G CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CITY-ST-ZIP 13. Thereby 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

SIGNATURE:

CITY-ST-ZIP