FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91735 001 *****8.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #V08785 T. Entity Name M.E.C. FINANCIAL, INC.	y Name		04-28-2003 91	735 002 ***	150.00	
Principal Place of Business 4589 HARBOR HILLS DRIVE LARGO, FL 33770	R HILLS DRIVE POST OFFICE BOX 5315					
2. Principal Place of Business 204 POJNCIANA LN Suite, Apt. #, etc.						
	City & State		CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For			
LARGO FLORIDA	LARGO FLORIDA		4. FEI Number 59-3096839	Not Applicable		
33770-2615 Country PIXELIAS	33775313 81	ountry NELLAS	5. Certificate of Status Desired	\$8.75 Add	ď	
6. Name and Address of Current	Registered Agent	Nama 🗥	7. Name and Address of New Registe	red Agent	<u></u>	
			s (P.O. Box Number Is Not Acceptable)			
			SINCIANA LN			
	CITY 260			7in Code		
The above named entity submits this statement for the obligations of repistered agent.	r the burpose of changing its regis					
SIGNATURE MAX F. CURTIS 4/26/03						
Samulus, typed or printed name of segistered again a	md tide if applicable. (NOTE: Regit	sered Agentsignatum miquire	od when reinstaury) O/	NJE		
FILE NOWIH FEE IS \$150:00 After May 1, 2003 Fee will be \$550:00 Make Crieck Psyable to Florida Department of	of State		Election Campaign Financing Trust Fund Contribution.		O May Be I to Fees	
10. OFFICERS AND		II. IRLE PA	ADDITIONS/CHANGES TO OFFICERS			
NAME CURTIS, MAX E.		NAME CU	KTIS, MAXE. 4 POINCIANALN	Change	CRZEG34 (10/02)	
STREET ADDRESS 4689 HARBOR HILLS DRIVE LARGO, FL 33770	N .	STREET ADDRESS 6/04 City-St-Zip 6/14	1260, FLORIDA 33770	-2615	F034	
TITLE VD NAME CURTIS, JUDITH B		TITLE V.D.	ers Judith	Change	Addition S	
STREET ADDRESS 4589 HARBOR HILLS DRIVE	***************************************	CONCEST ANNUACO	ar Barne Lat			
TITLE LARGO, FL 33770		CNY-ST-ZIP AA	160, PL. 33770-26	☐ Change	Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS			_ _	
CITY-SI-2P	Committee of the second of the	Crity-ST-ZIP	The second of the last of the second of the			
TITLE NAME		TITLE NAME		Change	☐ Addition	
STREET ADDRESS CITY-S1-ZP	i i	STREET ADDRESS City-St-21P			-	
TITLE	☐ Delete	TOLE		☐ Change	Addition	
NAME STREET ADDRESS	ı	NAME STREET ADDRESS			İ	
CITY-S1-2P		CITY-ST-ZIP		☐ Change	☐ Addition	
TIPLE NAME	_ 53/13	KAME		□ Իւամե		
STREET ADDRESS City-St-2P	i i	STREET ADDRESS City-St-Zip				
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 principles.						
SIGNATURE: MAX E. CUETIS PRESIDENT 4/20/03 727/582-9801						