

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90019 006 ***150.00

DOCUMENT # P99000024549

1. Entity Name

PRO MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

3400 OCEAN BEACH BLVD., UNIT 215
 COCOA BEACH FL 32931

3400 OCEAN BEACH BLVD., UNIT 215
 COCOA BEACH FL 32931-3496

2. Principal Place of Business

3. Mailing Address

1485 N. Atlantic Ave
 Suite, Apt. #, etc.
 Suite 201

1485 N. Atlantic Ave
 Suite, Apt. #, etc.
 Suite 201



DO NOT WRITE IN THIS SPACE

City & State

City & State

Cocoa Beach Florida

Cocoa Beach, Florida

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

32931

U.S.A.

32931

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEDDES, DARENE
 3400 OCEAN BEACH BLVD., UNIT 215
 COCOA BEACH FL 32931

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President and Director P/D	Joshua A. Geddes	3400 Ocean Beach Blvd #215	Cocoa Beach, Florida	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP/D	Joseph E. Mullin	200 International Drive #506	CAPE CANAVERAL, Florida 32920	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Darene M. Geddes S/T	3400 Ocean Beach Blvd 215	Cocoa Beach, Florida 32931	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darene M. Geddes

Date

4/26/00

Daytime Phone #

321-784-9321

CR2E034 (9/99)