2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
02-07-2002 90027 042 ***150.00

DOCUMENT # P98000019315

1. Entity Name
CEO GROUP, INC.

Principal Place of Business	Mailing Address
~~3405 NW 9TH AVE #1202 FORT LAUDERDALE FL 33309 US~~	~~3405 NW 9TH AVE #1202 FORT LAUDERDALE FL 33309 US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3217 N.W. 10th Terrace	3217 N.W. 10th Terrace
Suite, Apt. #, etc: 306	Suite, Apt. #, etc.: 306
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33309 Country: USA	Zip: 33309 Country: USA

4. FEI Number 65-0817465 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, SCOTT
~~3405 NW 9TH AVE~~
~~#1202~~
~~FORT LAUDERDALE FL 33309~~

7. Name and Address of New Registered Agent

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, 2002 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: P NAME: SCOTT, JOSEPH STREET ADDRESS: ~~3405 NW 9TH AVE #1202~~ CITY-ST-ZIP: ~~FORT LAUDERDALE FL 33309~~	☐ Delete	TITLE: P NAME: SCOTT, JOSEPH STREET ADDRESS: 3217 N.W. 10th Terr. #306 CITY-ST-ZIP: Ft. Lauderdale, FL 33309	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #