

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000005286**

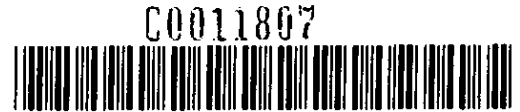
1. Entity Name

PRESIDENTIAL GROUP, INC.**FILED**
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90189 044 ***150.00

Principal Place of Business	Mailing Address
521 PLYMOUTH RD STE 112 PLYMOUTH MEETING PA 19462 US	521 PLMOUTH RD 112 PLYMOUTH MEETING PA 19462-1638 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **23-2785376** Applied For ☐ Not Applied ☐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****AKERMAN, SENTERFITT & EIDSON, P.A.**
216 S MONROE ST #200
TALLAHASSEE FL 32302-2555

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 State10. 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	EVP <input type="checkbox"/> Delete	TITLE	EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID MACMILLAN	NAME	DAVID MACMILLIAN
STREET ADDRESS	OLD EAGLE SCHOOL RD., #917	STREET ADDRESS	521 PLYMOUTH ROAD STE. 112
CITY-ST-ZIP	WAYNE PA	CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P <input type="checkbox"/> Delete	TITLE	
NAME	DAVITCH DAVID P	NAME	
STREET ADDRESS	521 PLYMOUTH RD STE 112	STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/00

800-358-5626