

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90017 037 \*\*\*150.00

**DOCUMENT # H17926**

1. Entity Name

**THE SAINTLY GROUP, INC.**

Principal Place of Business

Mailing Address

**4750 N. 9TH AVENUE  
PENSACOLA FL 32503  
US**

**4750 N. 9TH AVENUE  
PENSACOLA FL 32503  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2515404**

Applied For

Not Applicable

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

**KEEN, PAMELA ANN  
4750 N. 9TH AVENUE  
PENSACOLA FL 32503**

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

*Pamela A. Keen* **Pamela A. Keen Secretary** **2/13/2001**

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, 2001 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 **PD** ☐ Delete  
NAME **FRIEL, BERNIE J**  
STREET ADDRESS **157 LAKE D'ESTE DRIVE**  
CITY-ST-ZIP **SLIDELL LA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DVT** ☐ Delete  
NAME **MIELKE, RUSSELL N**  
STREET ADDRESS **236 CONGRESS CIRCLE**  
CITY-ST-ZIP **TOPSHAM ME**

TITLE **DVT** ☒ Change ☐ Addition  
NAME **Mielke, Russell N.**  
STREET ADDRESS **6907 Richard Wilson Dr.**  
CITY-ST-ZIP **Millington, TN 38053**

TITLE **SD** ☐ Delete  
NAME **KEEN, PAMELA ANN**  
STREET ADDRESS **4750 NORTH 9TH AVENUE**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **DRUMMOND, C. FRED**  
STREET ADDRESS **2843 CROSSINGS DRIVE**  
CITY-ST-ZIP **CHESAPEAKE VA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GAUGER, JEFF B.**  
STREET ADDRESS **2796 KAKKI CT.**  
CITY-ST-ZIP **MARIETTA GA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pamela A. Keen* **Pamela A. Keen Secretary**

**2/13/2001**

Date

**(850) 473-3983**

Daytime Phone #

CR2E034 (10/00)