2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR))	FILED Jan 13, 2003 8:00 am	
DOCUMENT # L94722 1. Entity Name PRO/MARK GROUP, INC.					Secretary of State 01-13-2003 90650 028 ***150.00	
4765-19 HODGES BLVD #229 JACKSONVILLE FL 32224 US		Mailing Address 4765-19 HODGES BLVD #229 JACKSONVILLE FL 32224 US				
2. Principal Place of Business 13833. Halland Park Dr. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State		City & State			'4. FEI Number 59-3028579 Applied For Not Applicable Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired Fee Required	
3222	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
BANNING, GEORGE W JR 13833 HOLLAND PARK DR			Name Street Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32224			City	City FL Zip Code		
the obligati SIGNATURE - Fi After	ons of registered agent.	Danneng and title if applicable. (1)07			agent, or both, in the State of Florida. Lam familiar with, and accept NAINE 1/10/2003 when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY_ST-ZIP	DP Banning, george W., Jr. 28 South 10th Street Fernandina Beach Fl 32034	L] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13833 Tiac	SCALVILLE FL 22224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BANNING, JEANNETTE G. 28 SOUTH 10 STREET FERNANDINA BEACH FL 32034	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1383.	Change Addition 3 HOLLAND PARK DR KSONVILLE, I=L 32224	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change 🗌 Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
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 a other like empowered.						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICA OR DIRECTOR Date Date Date Date Date Date Date Date						