

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000002142

FILED
Sep 09, 2002
Secretary of State

Entity Name: THE INTERVENTION GROUP INC.

Current Principal Place of Business:

1805 N 6TH AVE
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

1805 N 6TH AVE
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: 59-3443657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, GROVER C
1805 N 6TH AVE
PENSACOLA, FL 32503

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIMS, ANTHONY D
Address: 2002 FILLY ROAD
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: JACKSON, RODNEY
Address: 940 CREIGHTON ROAD
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: FRANKLIN, FARROW
Address: 1200 W GADSDEN STREET
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: SEELMAN, BILL
Address: 1140 E NINE MILE RD
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: SIMPKINS, EDWARD
Address: 2400 LONGLEAF DR
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: LEE, HERBERT
Address: 6781 ROLLING HILLS RD
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MARSHALL, WILLIAM H
Address: 1803 E. SCOTT ST.
City-St-Zip: PENSACOLA, FL 32503

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY SIMS

D

09/09/2002

Electronic Signature of Signing Officer or Director

Date