

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90155 028 \*\*\*150.00

MO1500 3.1

**DOCUMENT # P00000007398**  
 1. Entity Name  
**V.I.P. MARKETING GROUP, INC.**

Principal Place of Business      Mailing Address  
**17466 FUEGO LN.**      **17466 FUEGO LN.**  
**PUNTA GORDA FL 33955**      **PUNTA GORDA FL 33955**



2. Principal Place of Business      3. Mailing Address  
**1584 AQUI ESTA DR.**      **1584 AQUI ESTA DR.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State  
**Punta Gorda, FLA.**      **Punta Gorda, FLA.**  
 Zip      Country      Zip      Country  
**33950**      **USA**      **33950**      **USA**

4. FEI Number      Applied For  
**65-0975291**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**TEAGUE, EILEEN**  
**17466 FUEGO LN.**  
**PUNTA GORDA FL 33955**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	TEAGUE, EILEEN	
STREET ADDRESS	17466 FUEGO LN.	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TEAGUE, EDWIN F	
STREET ADDRESS	17466 FUEGO LN.	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TEAGUE, EILEEN	
STREET ADDRESS	17466 FUEGO LN.	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Eileen Teague*      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      1/24/02      941-505-7433      Date      Daytime Phone #

CR2E034 (9/01)