

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90150 037 ***550.00

DOCUMENT # P00000050377

1. Entity Name
PRECISION MARKETING GROUP INC.

Principal Place of Business

Mailing Address

1462 CENTRAL PKWY
GULF BREEZE FL 32561

1462 CENTRAL PKWY
GULF BREEZE FL 32561

2. Principal Place of Business

3. Mailing Address

19 Calle Uno

19 Calle Uno

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Key West, FL

Key West, FL

City & State

City & State

33040

33040

Zip

Country

USA

Zip

Country

USA

4. FEI Number

Est: 59-370-2038

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBEN, ROBERT
7230-B DOGWOOD TERRACE
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name

Robert Ruben

Street Address (P.O. Box Number is Not Acceptable)

19 Calle Uno

City

Key West, FL 33040

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

Robert M. Ruben

9/12/01

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 \$550.00

After September 12, 2001 Fee will be \$750.00
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	President	<input type="checkbox"/> Delete
NAME	Robert M. Ruben	
STREET ADDRESS	19 Calle Uno	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Kim Ruben	
STREET ADDRESS	19 Calle Uno	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Kim Ruben	
STREET ADDRESS	19 Calle Uno	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Robert Ruben	
STREET ADDRESS	19 Calle Uno	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	Assistant Treasurer	<input type="checkbox"/> Delete
NAME	Robert Ruben	
STREET ADDRESS	19 Calle Uno	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	Assistant Secretary	<input type="checkbox"/> Delete
NAME	Robert Ruben	
STREET ADDRESS	19 Calle Uno	
CITY-ST-ZIP	Key West, FL 33040	

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 867, 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

9/12/01

305-293-0488

Date

Daytime Phone #

CR2E034 (5/01)