

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90309 036 \*\*\*150.00

0912953 AT

**DOCUMENT # P00000116366**

1. Entity Name  
**DEMIURGIC CONSULTING GROUP, INC.**

Principal Place of Business  
**1156 SW HUTCHINS ST  
 PT ST LUCIE FL 34983**

Mailing Address  
**PO BOX 880151  
 PORT SAINT LUCIE FL 34988-0151**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1657 SW BURLINGTON ST**

Suite, Apt. #, etc.

City & State  
**PORT ST LUCIE, FL**

Zip  
**34984**

Country  
**USA**

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number  
**65-1062252**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PEAVLEY, CHRISTOFER R  
 1156 SW HUTCHINS ST  
 PT ST LUCIE FL 34983**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1657 SW BURLINGTON STREET**

City **PORT ST LUCIE** **FL** Zip Code **34984**

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 **RESIDENT CHRISTOFER R. PEAVLEY** **4/29/02**  
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	CEO ADAMS, JACK E 1156 SW HUTCHINS ST PT ST LUCIE FL 34983 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PEAVLEY, CHRISTOFER R 5410 NW EMBLEM ST PT ST LUCIE FL 34983 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEWELL, JACK D 3038 SW BAKERSFIELD ST PORT SAINT LUCIE FL 34983 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, CEO, S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1657 SW BURLINGTON ST          PORT ST LUCIE, FL 34984</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, P, T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1657 SW BURLINGTON ST          PORT ST LUCIE, FL 34984</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **REQUIRED, JACK E ADAMS** **4/29/02** **772-878-2514**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)