

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000024944

FILED  
Apr 15, 2003  
Secretary of State

Entity Name: THE PROED GROUP, INC.

## Current Principal Place of Business:

34 NE CRYSTAL ST  
CRYSTAL RIVER, FL 34428

## New Principal Place of Business:

## Current Mailing Address:

34 NE CRYSTAL ST  
CRYSTAL RIVER, FL 34428

## New Mailing Address:

FEI Number: 59-3701988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THERIAQUE, DAVID A  
1114 E. PARK AVENUE  
TALLAHASSEE, FL 32301

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: EASLEY, V. GAIL  
Address: 34 NE CRYSTAL STREET  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: EASLEY, V. GAIL PRESIDE  
Address: 34 NE CRYSTAL STREET  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: O ( ) Change (X) Addition  
Name: BENNETT, WAYNE OFFICER  
Address: P.O. BOX 6337  
City-St-Zip: LOUISVILLE, KY 40206

Title: O ( ) Change (X) Addition  
Name: FARRELL, WILLIAM OFFICER  
Address: 34 N.E. CRYSTAL STREET  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: O ( ) Change (X) Addition  
Name: NONE, NONE N  
Address: 34 N.E. CRYSTAL STREET  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: O ( ) Change (X) Addition  
Name: NONE, NONE N  
Address: 34 N.E. CRYSTAL STREET  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: O ( ) Change (X) Addition  
Name: THERIAQUE, DAVID OFFICER  
Address: 1114 EAST PARK AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: V. GAIL EASLEY

PRES

04/15/2003

Electronic Signature of Signing Officer or Director

Date