

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000070896

1. Entity Name
PINK GROUP, INC.

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-23-2002 90062 023 ***150.00

Principal Place of Business
830-13 A1A NORTH
PONTE VEDRA BEACH FL 32082

Mailing Address
830-13 A1A NORTH
PONTE VEDRA BEACH FL 32082

96009



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|----------------------------------|--------------------------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 59-3736797 | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| Zip | Country | Zip | Country | <input type="checkbox"/> | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| BALL, JOHN S ONE INDEPENDENT DRIVE, SUITE 2600 JACKSONVILLE FL 32202 | | 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 _____ (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) <input type="checkbox"/> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: SIGNATURE REQUIRED Date: 6/27/02