

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P01000079044**

1. Entity Name

PRINCETON EXECUTIVE GROUP, INC.**FILED**
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90061 045 ***150.00

Principal Place of Business

**600 N. PINE ISLAND RD., STE. 450
PLANTATION FL 33324**

Mailing Address

**600 N. PINE ISLAND RD., STE. 450
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 N. Pine Island Rd.

3. Mailing Address

600 N. Pine Island Rd.

Suite, Apt. #, etc.

#450

Suite, Apt. #, etc.

#450City & State
Plantation FloridaCity & State
Plantation, Florida4. FEI Number
651128923Applied For
Not ApplicableZip
33324Country
USAZip
33324Country
USA5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOLOMON, JEFFREY ESQ.
3864 SHERIDAN ST.
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name
ROBERT MILGROOMStreet Address (P.O. Box Number is Not Acceptable)
600 N. Pine Island Rd suite 450City
Plantation

FL

Zip Code
33324

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 MILGROOM PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/029. 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
**D
MILGROOM, ROBERT
4355 FOXTAIL LN.
WESTON FL 33331** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

ROBERT MILGROOM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954/3150214

CR2E034 (9/01)