


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 91850 036 ***150.00

DOCUMENT # P02000010013	
1. Entity Name T GROUP INVESTMENTS, INC.	

DO NOT WRITE IN THIS SPACE

55046944

2. Principal Place of Business c/o Chet Ross Suite, Apt. #, etc. 911 North Boulevard West City & State Leesburg, FL Zip 34748 Country U. S.		3. Mailing Address c/o Chet Ross Suite, Apt. #, etc. 911 North Boulevard West City & State Leesburg, FL Zip 34748 Country U.S.	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0037394	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Ross, Chet	
	Street Address (P.O. Box Number is Not Acceptable) 911 North Boulevard West	
	City Leesburg	FL Zip Code 34748

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE W. Chet Ross W. CHET ROSS 6/3/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Keenan, Mark 500 Pickford Point, Longwood FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Keenan **Mark Keenan** 4-18-03 407-234-0705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034B (12/02)