

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/10/2003-90068-041-\$150.00-\$150.00

DOCUMENT # P02000016321

1. Entity Name  
ARGON GROUP, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT -8 AM 8:00

Principal Place of Business  
1861 CHERRY STREET  
3  
JACKSONVILLE FL 32205

Mailing Address  
1861 CHERRY STREET  
3  
JACKSONVILLE FL 32205

2. Principal Place of Business  
1271 Challen Ave  
Suite, Apt. #, etc.

3. Mailing Address  
1271 Challen Ave  
Suite, Apt. #, etc.

City & State  
JAX, FL  
Zip  
32205  
Country  
USA

City & State  
JAX, FL  
Zip  
32205  
Country  
USA

4. FEI Number  
01-0627114

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

MRS

6. Name and Address of Current Registered Agent

HOLLEY, MARK E  
1861 CHERRY STREET  
3  
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name MARK E HOLLEY  
Street Address (P.O. Box Number is Not Acceptable)  
1271 Challen Ave  
City JAX FL Zip Code 32205

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE President  
NAME MARK HOLLEY  
STREET ADDRESS 1271 Challen Ave  
CITY-ST-ZIP JAX FL 32205 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARK E HOLLEY 8/31/03 904-384-6874

CR2E034 (4/03)

Attachment

80146557  
# P02000016321

**ARGON GROUP INC.**

September 4, 2003

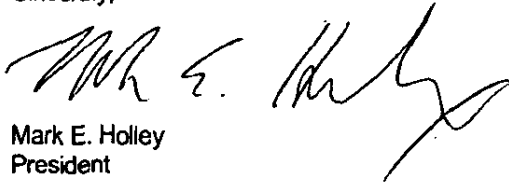
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

This notice was the first notice I received that I needed to pay this fee. This is a brand new corporation and it was not realized that this payment needed to be made by the assigned date. I have also been out of town for an extended period of time.

I am sending the original \$150.00 fee. Please let me know if there is anything else needed on this matter.

Sincerely,



Mark E. Holley  
President