2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

Principal Place of Business

JACKSONVILLE FL 32277

2. Principal Place of Business

BLEWITT, CARLA T

4098 BRIARFOREST ROAD WEST

Suite, Apt. #, etc.

City & State

Zip

4098 BRIARFOREST ROAD WEST

P02000027004

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

4098 BRIARFOREST ROAD WEST

JACKSONVILLE FL 32277

1. Entity Name

PROPERTY MANAGEMENT GROUP, INC.

Country

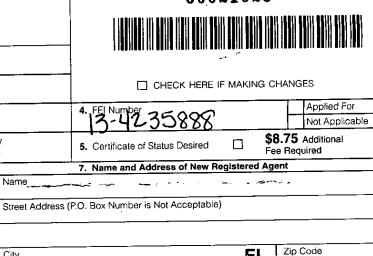
6. Name and Address of Current Registered Agent



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90132 021 ***150.00

90021029



JACKSONVILLE FL 32277 City

.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.

Country

Name

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

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

Trust Fund Contribution.

\$5.00 May Be 9. Election Campaign Financing Added to Fees

After May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department of State

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10.	OFFICERS AND DIRECTOR	S	11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLEWITT, CARLA T 4098 BRIARFOREST ROAD WEST JACKSONVILLE FL 32277	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLEWITT, DANIEL P 4098 BRIARFOREST ROAD WEST JACKSONVILLE FL 32277	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change	☐ Addition

12. Thereby 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP