

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

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90031 028 ***158.75

DOCUMENT # <u>P02000126016</u>	
1. Entity Name CONTEMPORARY BUSINESS GROUP INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 103 CRESTWOOD AVE Suite, Apt. #, etc.	3. Mailing Address 762 COPPERHEAD CIRCLE Suite, Apt. #, etc.
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City & State PALATKA, FL	City & State ST AUGUSTINE
Zip 32177	Country PUTNAM
Zip 32092	Country ST JOHNS

4. FEI Number 31-1390288	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name KENNETH GREINER
Street Address (P.O. Box Number is Not Acceptable) 762 COPPERHEAD CIRCLE
ST AUGUSTINE FL 32092
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kenneth Greiner KENNETH GREINER PRES. 3/14/07
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	PRESIDENT TREASURERE KENNETH GREINER 762 COPPERHEAD CIRCLE ST AUGUSTINE FL 32092
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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: Kenneth Greiner KENNETH GREINER PRES. 3/14/07 7409716933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #