

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90067 036 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000126016
1. Entity Name
CONTEMPORARY BUSINESS GROUP INC

DO NOT WRITE IN THIS SPACE

18 MAR 20 2008 IRSO
OGDEN, UT

40068939

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 762 COPPERHEAD CIRCLE Suite, Apt. #, etc.	3. Mailing Address 762 COPPERHEAD CIRCLE Suite, Apt. #, etc.
City & State ST AUGUSTINE, FL Zip 32092 Country USA	City & State ST AUGUSTINE FL Zip 32092 Country USA

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

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7. Name and Address of Current Registered Agent

Name
KENNETH GREINER
Street Address (P.O. Box Number is Not Acceptable)
762 COPPERHEAD CIRCLE

City ST AUGUSTINE **FL** **Zip Code** 32092

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 **3/14/2008**
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

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

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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 **3/14/2008** **(740) 971-6933**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #