

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

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90385 033 ***150.00

DOCUMENT # PO5000106013	
1. Entity Name S5 Group Inc	

DO NOT WRITE IN THIS SPACE

40074992

2. Principal Place of Business 9900 W Sample Rd		3. Mailing Address 1440 Coral Ridge Dr		4. FEI Number 20-3229744		Applied For ☐	Not Applicable ☐
Suite, Apt. #, etc. Suite #300		Suite, Apt. #, etc. #405		DO NOT WRITE IN THIS SPACE			
City & State Coral Springs, FL		City & State Coral Springs, FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
Zip 33065	Country USA	Zip 33071-5433	Country USA				

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor
City Miami
State FL
Zip Code 33145

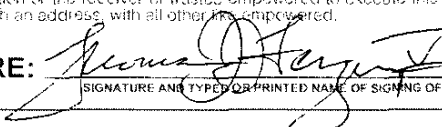
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ Signature, type or print name of registered agent and title, if applicable. (NOTE: Registered Agent Signature required when changing.)		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 Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Thomas J. J. Ferguson, V 9900 W Sample Rd, Suite #300 Coral Springs FL 33071	PTD	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Kathryn M. Allen 9900 W Sample Rd, Suite #300 Coral Springs FL 33071	VSD	TITLE NAME STREET ADDRESS CITY- ST- ZIP
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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 persons empowered.

SIGNATURE:  **Thomas J. J. Ferguson, V** **04/29/06** **215-543-6345**

CR2E034B (12/02)