

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000084045

1. Entity Name

P.S.G. GROUP, INC.

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90043 031 ***150.00

Principal Place of Business

7291 GARDEN GROVE BOULEVARD
SUITE M
GARDEN GROVE FL 32641
US

Mailing Address

875 NORTH ADDISON AVENUE
ELMHURST IL 60126
US

00027170



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1845 WEST ORANGELWOOD AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number 65-0704574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LABANCA, DARLENE
3001 S OCEAN DR
APT 6P
HOLLYWOOD FL 33019

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GAUDREAU, PAUL ☒ Delete
STREET ADDRESS 6382 DORAL DRIVE
CITY-ST-ZIP HUNTINGTON BEACH CA 92648

TITLE ☒ Change ☐ Addition
NAME PAUL GAUDREAU
STREET ADDRESS 12 VISTA MONTEMAR
CITY-ST-ZIP LAGUNA HILLS, CA 92653

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)