

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am  
Secretary of State

05-07-2001 90056 033 \*\*\*150.00

DOCUMENT # P95000047155

1. Entity Name

P.R.K. GROUP, INC.

Principal Place of Business

3130 SW 20TH TERRACE, 13A2  
DELRAY BEACH FL 33445

Mailing Address

P.O. BOX 6332  
DELRAY BEACH FL 33482  
US

2. Principal Place of Business

533 SW 29th Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Delray Beach Florida

City & State

Zip  
33445

Country  
USA

Zip

Country

4. FEI Number 65-0592370

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

KELLAND, PATRICIA R  
3130 SW 20TH TERRACE, 13A2  
DELRAY BEACH FL 33445

Name

Robert P. Kelland

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

533 SW 29th Avenue

City

Delray Beach

FL

Zip Code

33445

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 D ☒ Delete  
NAME KELLAND, PATRICIA R  
STREET ADDRESS 3130 SW 20TH TERRACE, 13A2  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D ☐ Change ☒ Addition  
NAME MICHAEL A. BRICHE  
STREET ADDRESS 643 NE 17th Avenue  
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE D ☐ Delete  
NAME KELLAND, ROBERT P  
STREET ADDRESS 3130 SW 20TH TERRACE, 13A2  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☒ Change ☐ Addition  
NAME ~~XXXXXXXXXXXX~~  
STREET ADDRESS ~~XXXXXXXXXXXX~~  
CITY-ST-ZIP ~~XXXXXXXXXXXX~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)