

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000074458

1. Entity Name

P & G MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

3304 NORTH SHORE CIRCLE
TALLAHASSEE FL 32312

3304 NORTH SHORE CIRCLE
TALLAHASSEE FL 32312-1304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3370708

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

GRIDLEY, BECKY

3304 NORTH SHORE CIRCLE
TALLAHASSEE FL 32312

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, 2000 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 PD
NAME GRIDLEY, BECKY
STREET ADDRESS 2850 ASBURY HILL
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME PICHARD, JANET
STREET ADDRESS 1315 DILLARD STREET
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME PICHARD, CLAUDE III
STREET ADDRESS 1315 DILLARD STREET
CITY-ST-ZIP TALLAHASSEE FL 32312

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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 REQUIRED

Date

Daytime Phone #

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90017 001 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3370708

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SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

1-25-00 850-531-0926