

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098515

1. Entity Name
THE CACTUS GROUP, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90030 026 ***550.00

Principal Place of Business

611 WEST BAY STREET
TAMPA FL 33606

Mailing Address

611 WEST BAY STREET
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

1601 Snow Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

USA

4. FEI Number

59-3412999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHIMBERG, MICHAEL
611 W. BAY ST.
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

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

1601 Snow Avenue

City

Tampa

FL

Zip Code

33606

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]

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

(NOTE: Registered Agent signature required when reinstating)

9/13/00 *[Signature]*

DATE

9. This corporation is eligible to satisfy its Intangible

tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE ☐ Delete

NAME SHIMBERG, MICHAEL
STREET ADDRESS 611 WEST BAY STREET
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Delete

NAME VSD
STREET ADDRESS SAUNDERS, BRYAN
CITY-ST-ZIP 611 WEST BAY STREET
TAMPA FL 33606

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 life empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Shimberg 9/13/00

Date

813-251-4089
Daytime Phone #

CR2E034 (5/00)