2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000019583

DOCUMENT #

1. Entity Name

THE RENCHMARK GROUP INC.



Mar 19, 2003 8:00 am Secretary of State ≥ **FILED**

03-19-2003 90116 039 ***150.00

THE DEI		GROUP INC	, . 		ĺ							
Principal Plac 1727 COACHI CLEARWATER	MAN PLAZA D		P.C LAI	Mailing Address P.O 80X 10692 LARGO FL 33773 US								
2. Principal F	Place of Busin	ness	3. M	3. Mailing Address						F1810 10187 0118	11 10100 HH 1001	
Suite, Apt.	#, etc.	<u>,</u>	S	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			C	City & State				4. FEI Number 59-3427794			Applied For Not Applicable	
Zip	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Country	Z	p	Count	try	5. (Certificate of Status Desired		\$8.75 Ac	dditional	
•	6. Name	and Address of C	urrent Registe		ļ.	20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7. N	lame and Address of New Re	gistered		-	
ROBINSON, OLIVIA 1727 COACHMAN PLAZA DRIVE CLEARWATER FL 33759							Name Street Address (P.O. Box Number is Not Acceptable)					
						City			FL	Zip Co	de	
	named entity tions of regist		ment for the pu	rpose of changing its	registere	ed office or register	ed age	ent, or both, in the State of Flor	ida. I am	familiar with	, and accept	
SIGNATURE .	Signature, typed	or printed name of register	red agent and title if a	applicable. (NOTI	E: Registered	d Agent signature required	when rei	instating)	DATE			
Afte	r May 1, 200	! FEE IS \$150. 3 Fee will be \$5 6 Florida Departn	50.00					Election Campaign Fina Trust Fund Contribution	~ ~	\$5.0 Adde	00 May Be	
10.	1 B	OFFICER	S AND DIRECT		11.		AD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		OLIVIA CHMAN PLAZA (TER FL 33759	DRIVE	☐ Delete		1				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete ·	CITY-	ET ADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		हर्त र 'च उत्तर		Delete	NAME STREE				e kina i	Change	☐ Additiòn	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	CITY-	ET ADDRESS ST-ZIP		19.07(3)(i), Florida Statutes. I		Change	☐ Addition	

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

SIGNATURE:

OUIDERS (1717

304 9167

Daytime Phone #