

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90085 011 ***150.00

DOCUMENT # P97000086396

1. Entity Name
GROUP SEVEN, INC.

Principal Place of Business

~~401 4TH AVE S.~~
~~NAPLES FL 34103~~
~~US~~

Mailing Address

~~PMB 512~~
~~2614 N. TAMiami Trl.~~
~~NAPLES FL 34103~~
~~US~~

2. Principal Place of Business

651 Third Street South
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 960
 Suite, Apt. #, etc.

City & State
Naples FL

Zip
34102

Country

City & State
Naples FL

Zip
34106-0960

Country

4. FEI Number **65-0787649**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

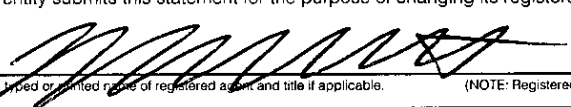
6. Name and Address of Current Registered Agent

~~STEWART, JOSEPH D~~
~~STE. 302, 2671 AIRPORT RD., S.~~
~~NAPLES FL 34112~~

7. Name and Address of New Registered Agent

Name **Novatt, Jeff M.**
Street Address (P.O. Box Number is Not Acceptable)
Chetty Passidomo Wilson + Johnson LLP
821 Fifth Ave South Suite 201
City **Naples** **FL** **Zip Code** **34102**

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  **1/9/02**
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

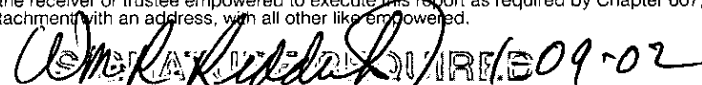
TITLE	DP	<input type="checkbox"/> Delete
NAME	REDDICK, WILLIAM R JR.	
STREET ADDRESS	888 10TH S S. #101	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	REDDICK, SEAN	
STREET ADDRESS	2614 N TAMiami Trl	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	DST	<input type="checkbox"/> Delete
NAME	REDDICK, FAYE D	
STREET ADDRESS	2614 N. TAMiami Trl	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	PO Box 960
CITY-ST-ZIP	Naples FL 34106-0960
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO Box 960
STREET ADDRESS	Naples FL 34106-0960
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President +
STREET ADDRESS	Reddick, Paige A.
CITY-ST-ZIP	PO Box 960
CITY-ST-ZIP	Naples FL 34106-0960
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

 **09-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)