2006	UNIFORM BUS	INESS REPOI	RT (UBI	BR)		
DOCUMENT # P98000023196 1. Entity Name PRIME GROUP INTERNATIONAL OF LARGO, INC. N/K/A OAKWOOD MARKETING, INC.				FILED		
		~		00 JAN 27 PM 3: 18		
,	e of Business 5. Belcher Road	Mailing Address	n 1			
Suite 5 Largo, Florida 34641		1000 S. Belcher Suite 5 Largo, Florida		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Stat	e	City & State		4. FEI Number Applied For 59~3510326 Not Applied For		
Zip 337	71 Country	Zip 33771	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current			7. Name and Address of New Registered Agent		
Dafont	e, Richard J.		Name	Bower, Gerard		
1000 Belcher Road			Street A	Street Address (P.O. Box Number is Not Acceptable) 1000 S. Belcher Road		
Suite 5 Largo, Florida 34641				Suite 5		
Largo,	11011da 54041		City	Largo FL Zip Code 33771		
8. The above	names antity submits this statement for submits this submits this statement for submits this submits this submits this submits the submits this submits the submits the submits this submits this submits the submits th	ω R	egistered	or registered agent, or both, in the State of Florida ed Agent nature 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[I] FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		\$550,00 Trust Fund Contribution Added to Fees		
11.	OFFICERS AND	 	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	Director Dafonte, Richard J.	🔀 Delete	TITLE NAME	P/D/CEO ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change		
STREET ADDRESS CITY-ST-ZIP	1000 Belcher Road, S		STREET ADDRESS CITY-ST-ZIP	1000 S. Belcher Road, Suite 5		
TITLE	Largo, Florida 3464	<u>1</u>	TITLE	Largo, Florida 33771 ☐ Change 🔽 Addition		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	VP/S/T/D Rower Megan		
TITLE	_ =	- Delete	TITLE .	Change Addition		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	S		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	s		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	SP SP		
	<u> </u>		4			

13. I hereby certify that the information supplied with this filling 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:

, President GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-584-8082 Daytime Phone #