FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92208 018 ***150.00

8U111832

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042830

1. Entity Name
SALES STRATEGY GROUP, INC.

Principal Place of Business	Mailing Address
16322 BIRKDALE DRIVE ODESSA, FL 33556	16322 BIRKDALE DRIVE ODESSA, FL 33556

2. Principal Place of Business	3. Mailing Address
16332 Birkdale Drive	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Odessa, FL	City & State:
Zip: 33556 Country: USA	Zip: Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3506265 — 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
HUGHES, KAY 16332 BIRKDALE DRIVE ODESSA, FL 33556	Name: Kay Hughes Street Address (P.O. Box Number Is Not Acceptable): 16332 Birkdale Drive City: Odessa FL Zip Code 33556

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Kay Hughes Director, Kay Hughes 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVTS HUGHES, KAY 16332 BIRKDALE DRIVE ODESSA, FL 33556	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HUGHES, MARK 16332 BIRKDALE DRIVE ODESSA, FL 33556	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kay Hughes Director, Kay Hughes 4-29-03 813-920-3665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #