

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90291 042 ***150.00

DOCUMENT # P98000090438

1. Entity Name

PROFESSIONAL AD GROUP INC.

Principal Place of Business

Mailing Address

**2613 OKEECHOBEE LANE
FORT LAUDERDALE FL 33312**

**PRO AD GROUP
2145 Davie Blvd. Suite 205
Ft. Lauderdale, FL 33312**

2. Principal Place of Business

3. Mailing Address

**2145 Davie Blvd
Suite, Apt. #, etc. 205
City & State Ft Lauderdale FL
Zip 33312 Country**

**Same
Suite, Apt. #, etc.
City & State
Zip Country**



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

Applied For

65-0952270

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

**EDMONSTON, GISELLE
2613 OKEECHOBEE LANE
FORT LAUDERDALE FL 33312**

Name

Michael Edmonston

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

2145 Davie Blvd Suite 205

City

Fort Laud

FL

Zip Code

33312

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]

Michael Edmonston President

4-28-00

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, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	EDMONSTON, GISELLE	
STREET ADDRESS	2613 OKEECHOBEE LANE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Edmonston	
STREET ADDRESS	2145 Davie Blvd Suite 205	
CITY-ST-ZIP	Ft Laud FL 33312	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Meyers	
STREET ADDRESS	2145 Davie Blvd Suite 205	
CITY-ST-ZIP	Ft Laud FLA 33312	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATRINA KELLER	
STREET ADDRESS	2145 Davie Blvd Suite 205	
CITY-ST-ZIP	Ft Laud FL 33312	
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		
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

9545840210

Daytime Phone #

CR2E034 (9/99)