

DOCUMENT # P98000090438

1. Entity Name
PROFESSIONAL AD GROUP INC.

Principal Place of Business

V145 DAVIE BLVD
APT #205
FORT LAUDERDALE FL 33312

Mailing Address

V145 DAVIE BLVD
APT #205
FORT LAUDERDALE FL 33312

2. Principal Place of Business

2145 DAVIE BLVD

Suite, Apt. #, etc.

Suite # 104

City & State

Fort Lauderdale FL

Zip

33312

Country

USA

3. Mailing Address

2145 DAVIE BLVD

Suite, Apt. #, etc.

Suite 104

City & State

Fort Lauderdale FL

Zip

33312

Country

USA

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90083 042 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0952270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EAMONSTON, MICHAEL

2145 DAVIE BLVD

SUITE 206

FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

GISELE EDMONSTON

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

2145 DAVIE BLVD SK 206

FORT LAUDERDALE

City

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-2001

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, 2001 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EDMONSTON, MICHAEL	
STREET ADDRESS	2145 DAVIE BLVD SUITE 205	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MEYERS, CHRISTOPHER	
STREET ADDRESS	2145 DAVIE BLVD SUITE 205	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	S	<input type="checkbox"/> Delete
NAME	KELLER, KATRINA	
STREET ADDRESS	2145 DAVIE BLVD SUITE 205	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GISELE EDMONSTON	
STREET ADDRESS	2145 DAVIE BLVD SK 104	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATRINA KELLER	
STREET ADDRESS	2145 DAVIE BLVD SK 104	
CITY-ST-ZIP	FORT LAUDERDALE, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATRINA
KELLER

Date

Daytime Phone #

1-4-01 9545840210

CR2E034 (10/00)