

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90877 016 ***150.00

DOCUMENT # P98000107909
1. Entity Name
Northwest Florida Professional Consulting Group, Inc.

2. Principal Place of Business
*P.O. Box 490
Crestview, FL 32536*

3. Mailing Address
*P.O. Box 490
Crestview, FL 32536*

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

4. FEI Number
59-3577988

Applied For
Not Applicable

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

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 reinsuring)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

7. Name and Address of Current Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City Zip Code

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

| 11. OFFICERS AND DIRECTORS | | | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>P. Tislow, Jennifer D. 2870 Greystone Dr. Milton, FL 32571</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>S. Johns, N. Reta P.O. Box 201 Milligan, FL 32537</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>T. Clark, W. Max 6046 Bud Moulton Rd Crestview, FL 32536</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

Jennifer D Tislow *Jennifer D. Tislow* *4/28/02* *850.313.9925*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

DO NOT WRITE IN THIS SPACE