

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000004816

1. Entity Name

FIRST INTERACTION GROUP, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

04-11-2000 90232 037 ***150.00

Principal Place of Business

Mailing Address

401 SEVEN PINES COURT
SANDSTON VA 23150401 SEVEN PINES COURT
SANDSTON VA 23150-1624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☐ 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

 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525
Name
MARTIN EHALICH

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

4040 GALT OCEAN DR. # 601City
FT LAUDERDALE,**FL**Zip Code
33308

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

 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D- PRESIDENT
PARKER, SHEILA
401 SEVEN PINES COURT
SANDSTON VA 23150
☐ Delete

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SECRETARY - DIRECTOR
DAVID DEE
1119 PINE ST. # 204
PHILADELPHIA, PA. 19107
☐ Change ☒ Addition

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

 TITLE
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 TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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:

REQUIRED
SHEILA PARKER, PRESIDENT
4/3/00 **804-257-0349**
 Date Daytime Phone #

CR2E034 (9/99)