

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90298 039 ***150.00

NA20796 AV

DOCUMENT # P99000053448

1. Entity Name
CHECKMATE STRATEGIC GROUP INC.



Principal Place of Business

~~100 E LINTON BLVD~~

~~STE 301-B~~

DELRAY BEACH FL 33483

Mailing Address

~~100 E LINTON BLVD~~

~~STE 301-B~~

DELRAY BEACH FL 33483

2. Principal Place of Business

75 NE 6th Ave, Ste 101

3. Mailing Address

75 NE 6th Ave, Ste 101

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

see change of address

City & State

DeLray Beach FL

City & State

DeLray Beach FL

4. FEI Number **65-0926808**

Applied For

Not Applicable

Zip

33483

Country

USA

Zip

33483

Country

USA

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

GILBEAU, TERRY L

100 E LINTON BLVD

STE 301-B

DELRAY BEACH FL 33483

75 NE 6th Ave, Ste 101

Name

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

City

FL

Zip Code

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

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 **D** ☐ Delete
NAME **GILBEAU, JENNIFER L**
STREET ADDRESS **100 E LINTON BLVD STE 301-B**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Change ☐ Addition
NAME **75 NE 6th Avenue, Ste. 101**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GILBEAU, TERRY L**
STREET ADDRESS **100 E LINTON BLVD STE 301-B**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Change ☐ Addition
NAME **75 NE 6th Avenue, Ste 101**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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, without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)