2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 10, 2001 8:00 am Secretary of State DOCUMENT # **P99000085322** CONGRESS MANAGEMENT GROUP, INC. 05-10-2001 90066 022 ***150.00 Principal Place of Business Mailing Address 12785-C FOREST HILL BLVD. 12785-C FOREST HILL BLVD. WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address 1235 Winding Oaks Circle - E 1235 Winding Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0951493 lens Beau Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired usa usa 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACQUES Brion KURTZ, JOHN C Street Address (P.O. Box Number is Not Acceptable) 4332 2ND SQUARE SW VERO BEACH FL 32968 Zip Code E 0PS 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. e, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE M Delete Change KURTZ, JOHN C NAME Oaks Circle - E STREET ADDRESS 4332 2ND SQUARE SW STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32968 CITY-ST-7IP TITLE Delete TITLE NEWSOME, JOHN W NAME NAME STREET ADDRESS 13613 BARBERRY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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. 4/25/01