

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90155 013 ***150.00

DOCUMENT # P99000091407

1. Entity Name

P.D.M. Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4525 S. Atlantic Ave.

3. Mailing Address

4525 S. Atlantic Ave.

Suite, Apt. #, etc.

#1301

Suite, Apt. #, etc.

#1301

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

4. FEI Number

59-3614993

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

32127

Country

Zip

32127

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Rost, Scott R.

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

444 Seabreeze Blvd., Suite 800

City

Daytona Beach

FL

Zip Code

32118

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

Scott R. Rost

April 25, 2002

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PD
NAME Peacock, James R., Sr.
STREET ADDRESS 4525 S. Atlantic Ave., #1301
CITY-ST-ZIP Daytona Beach, FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME Peacock, James R., Jr.
STREET ADDRESS 3757 S. Atlantic Ave., #705
CITY-ST-ZIP Daytona Beach, FL 32127

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2002 (386) 253-1111

Date

Daytime Phone #

CR2E034B (12/01)