

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

DOCUMENT # P99000091407

1. Entity Name

P.D.M. Group, Inc.

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

05-13-2002 90155 013 \*\*\*150.00

**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
Zip 32127	Country 32127

4. FEI Number 59-3614993	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Peacock, James R., Sr. 4525 S. Atlantic Ave., #1301 Daytona Beach, FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Peacock, James R., Jr. 3757 S. Atlantic Ave., #705 Daytona Beach, FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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:** *Scott R. Rost*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2002 (386) 253-1111

Date

Daytime Phone #

CF2E034B (12/01)