2002 Uniform Business Report (UBR)

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # S74971 1. Entity Name 04-02-2002 90890 024 ***150 00 PSG ENTERPRISES, INC. Principal Place of Business Mailing Address 5186 COMMERCIAL WAY 9557 BEARFOOT TRAIL **BROOKSVILLE FL 34613** SPRING HILL FL 34606-1931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3084464 Not Applicable Country Country __ Zip **\$8.75**, Additional. 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRUMETT, PINE M. Street Address (P.O. Box Number is Not Acceptable) 9557 BEARFOOT TRAIL **BROOKSVILLE FL 34613** Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS (9/01) Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME BRUMETT, GAIL CR2E034 STREET ADDRESS STREET ADORESS 9557 BEARFOOT TRAIL CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34613** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME RICHARDS, MARY ANN STREET ADDRESS STREET ADDRESS 1441 BISHOP ROAD CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34608 Delete ■ Addition TITLE ☐ Change TITLE NAME NAME BRUMETT, PINE M STREET ADDRESS STREET ADDRESS 9557 BEARFOOT TRAIL CITY-ST-ZIP CITY-ST-ZIP BROOKSVILLE FL 34613 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attackment with an address, with all other like empowered.

SIGNATURE: