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2001 UNIFORM BUSINESS REPORT (UBR)

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

Apr 23, 2001 8:00 am Secretary of State **DOCUMENT # F86641** MARKETMETRICS, INC. 04-23-2001 90185 019 ***150.00 Principal Place of Business Mailing Address 421 RARK AVE PO 80X 716 BOCA GRANDE FL 33921 BOCA GRANDE FL 34236-4856 2. Principal Place of Business 3. Mailing Address 200 Spainards Rd. 70 Box 3609 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2200116 Applied For Placida Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33446a USA **U54** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HINES, RAYMOND L. Street Address (P.O. Box Nymber is Not Acceptable) 421_PARK AVE New address **BOCA GRANDE FL 33921** 8. The above narged entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida printed name of registered agent and title if applicable 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete MULL, ELIZABETH NAME STREET ADDRESS EAST END ROAD STREET ADDRESS CITY-ST-ZIP SAN MATEO FL 32088 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition HINES, RAYMOND L. JR. NAME NAME 200 Spainards Rd 421 PARK AVE STREET ADDRESS STREET ADDRESS BOCA GRANDE FL CITY-ST-ZIP CITY-ST-ZIP Placida, FL 3394 Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME 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 ☐ Delete TITLE Change ☐ Addition 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