

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90164 046 ***150.00

DOCUMENT # J22751

1. Entity Name

MARKETING COMMUNICATIONS ASSOCIATES, INC.

Principal Place of Business

% CARMEN L. BRIGHT
 2630 PARK PLACE BLVD. #5
 MELBOURNE FL 32935

Mailing Address

PO BOX 360198
 MELBOURNE FL 32936-0198
 US

2. Principal Place of Business

3307 Burkeland Place

3. Mailing Address

Suite, Apt. #, etc.

City & State

Melbourne FL

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2704087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BRIGHT, CARMEN L
4347 MONTEAUX AVE
MELBOURNE FL 32934

7. Name and Address of New Registered Agent

Name

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

3307 BURKELAND PLACE

City

MELBOURNE

FL

Zip Code

32934

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)

DATE

4/15/02

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☒
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **DP** ☐ Delete
 NAME **BRIGHT, CARMEN L**
 STREET ADDRESS **4347 MONTEAUX AVE**
 CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3307 Burkeland Place**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/02

321-254-0171

CR2E034 (9/01)