

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90136 023 \*\*\*150.00

**DOCUMENT # L44478**

1. Entity Name  
**MEGA INTERNATIONAL MARKETING, INC.**

Principal Place of Business: P.O. BOX 7967, NAPLES FL 34101  
 Mailing Address: P.O. BOX 7967, NAPLES FL 34101-7967



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **2607 Twin Flower Lane**  
 Suite, Apt. #, etc.

3. Mailing Address: **2607 Twin Flower Lane**  
 Suite, Apt. #, etc.

City & State: **NAPLES FL**  
 City & State: **NAPLES FL**

Zip: **34105** Country: **USA**  
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4. FEI Number: **59-2993145**  
 Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PRAGUE, MARTIN CPA**  
**545 N. PARK AVE**  
**WINTER PARK FL 32789**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: **FL** Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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: <b>VP</b> NAME: <b>JAMIE JACOBS</b> STREET ADDRESS: <b>157 COLONADES CIRCLE</b> CITY-ST-ZIP: <b>NAPLES FL 34103</b>	<input type="checkbox"/> Delete
TITLE: <b>P</b> NAME: <b>JACOBS, JOYCE</b> STREET ADDRESS: <b>157 COLONADES CIRCLE</b> CITY-ST-ZIP: <b>NAPLES FL 34103</b>	<input type="checkbox"/> Delete
TITLE: <b>VP</b> NAME: <b>JACOBS, ARTHUR</b> STREET ADDRESS: <b>157 COLONADES CIRCLE</b> CITY-ST-ZIP: <b>NAPLES FL 34103</b>	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>VP</b> NAME: <b>JAMIE JACOBS</b> STREET ADDRESS: <b>2607 TWIN FLOWER LANE</b> CITY-ST-ZIP: <b>NAPLES FL 34105</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>P</b> NAME: <b>JACOBS, JOYCE</b> STREET ADDRESS: <b>2607 TWIN FLOWER LANE</b> CITY-ST-ZIP: <b>NAPLES FL 34105</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joyce Jacobs Date: 4/18/00 Daytime Phone #: 941-430-4622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)