## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P0000075127 1. Entity Name GARLIND MARKETING, INC. 04-30-2001 90374 026 \*\*\*150.00 Principal Place of Business Mailing Address 10845 RICHMOND PLACE 10845 RICHMOND PLACE COOPER CITY FL 33026 COOPER CITY FL 33026 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zio Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAY, GARY Street Address (P.O. Box Number is Not Acceptable) 10845 RICHMOND PLACE COOPER CITY FL 33026 City 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, typed or printed name of registered agent and title. Lapplicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change Addition GRAY, GARY NAME NAME STREE' ADDRESS 10845 RICHMOND PLACE STREET ADDRESS CITY-ST-Z!F CITY-ST ZIP COOPER CITY FL 33026 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - Z:F CITY-SY-ZIP TITLE ☐ Deiete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TOTALE Change Acdition

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 i changed, or on an attachment with an address, with all officer ike empowered.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CHY-ST-ZIP

CITY-SI-7iP

NAME

TOLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-79P

CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Addit on