

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069689

1. Entity Name

A/K/A MARKETING, INC.

Principal Place of Business

Mailing Address

1733 HULETT DRIVE
BRANDON FL 33511
US

P.O. BOX 3197
BRADON FL 33509-3197
US

2. Principal Place of Business

5819 Imperial Key
Suite, Apt. #, etc.

3. Mailing Address

5819 Imperial Key
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3463486

Applied For

Not Applicable

Zip

Country

33615 US

Zip

Country

33615 US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILEY, KATHIE L
1733 HULETT DRIVE
BRANDON FL 33511

Name

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

5819 Imperial Key

City

Tampa

FL

Zip Code
33615

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PTD
STREET ADDRESS MILEY, KATHIE L.
CITY-ST-ZIP 1733 HULETT DRIVE
BRANDON FL 33511

TITLE ☒ Change ☐ Addition
NAME Miley, Kathie L.
STREET ADDRESS 5819 Imperial Key
CITY-ST-ZIP Tampa, FL 33615

TITLE ☐ Delete
NAME VSD
STREET ADDRESS WALDRON, ARLENE
CITY-ST-ZIP 1504 KYLE CT
VALRICO FL 33594

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
Date

813-965-1503
Daytime Phone #

CR21 034 (9/99)