

# 2001 UNIFORM BUSINESS REPORT (UBR)

0129665 AT

DOCUMENT # P00000051344

1. Entity Name  
800 MARKETING FOR SUCCESS, INC.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 28 PM 1:48

Principal Place of Business

1988 SIR LANCELOT CIRCLE  
ST CLOUD FL 34772

Mailing Address

1988 SIR LANCELOT CIRCLE  
ST CLOUD FL 34772

2. Principal Place of Business

1236 Beth Lane  
Suite, Apt. #, etc.

3. Mailing Address

1980 W. Atlantic Ave.  
Suite, Apt. #, etc.

City & State

St. Cloud, FL

City & State

Cocoa Beach, FL

Zip

34772

Country

USA

Zip

32931

Country

USA

REINSTATEMENT 01

4. FEI Number  
59-3650659

Applied for  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KUCIK, PAUL D  
1988 SIR LANCELOT CIRCLE  
ST CLOUD FL 34772

7. Name and Address of New Registered Agent

Name: Paul D. Kucik  
Street Address (P.O. Box Number is Not Acceptable)  
1236 Beth Lane  
City: St. Cloud FL Zip Code: 34772

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 Paul Kucik

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-25-01

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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	D	<input type="checkbox"/> Delete
NAME	KUCIK, JOSEPH	
STREET ADDRESS	1988 SIR LANCELOT CIRCLE	
CITY-ST-ZIP	ST CLOUD FL 34772	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUCIK, PAUL D	
STREET ADDRESS	1988 SIR LANCELOT CIRCLE	
CITY-ST-ZIP	ST CLOUD FL 34772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Kucik	
STREET ADDRESS	1236 Beth Lane	
CITY-ST-ZIP	ST. Cloud, FL 34772	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Kucik	
STREET ADDRESS	1236 Beth Lane	
CITY-ST-ZIP	ST. Cloud, FL 34772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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\*\*\*\*758.75 \*\*\*\*758.75

SP

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: Paul Kucik SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-01 (407) 957-0652

Date

Daytime Phone #

CR2E034 (5/01)