

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 450980

1. Entity Name

TOTAL MARKETING, INC.

Principal Place of Business

7013 US 19
NEW POR RICHEY FL 34652
US

Mailing Address

7013 US 19
NEW POR RICHEY FL 34652-1636
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1530888

Applied For

Not Applicable

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

ERNST, EMIL, JR.
4678 MARINE PAKWY T 107
NEW PORT RICHEY FL 33552

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	ERNST, BRET L	4940 CHERRY CT	NEW PORT RICHEY, FL00000	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TD	ERNST, LORNA M	4678 MARINE PKWY T1 #107	NEW PORT RICHEY, FL00000	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	ERNST JR, EMIL	4678 MARINE PKWY T-1 #107	NEW PORT RICHEY, FL00000	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	KRIEG, LORIE L	7908 CASTLE DRIVE	NEW PORT RICHEY FL	<input type="checkbox"/> Delete			7810 KNIGHT DR	NEW PORT RICHEY, FL	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	ERNST, EMIL E	4935 PETUNIA CT	NEW PORT RICHEY, FL00000	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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:

Lorna Ernst

LORNA ERNST

3-14-00 77848-6470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)