

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90431 034 \*\*\*150.00

**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  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

**ERNST, EMIL, JR.**

**4678 MARINE PAKWY T 107  
NEW PORT RICHEY FL 33552**

7. Name and Address of New Registered Agent

Name

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

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

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, 2002 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 **VD** ☐ Delete

NAME **ERNST, BRET L**  
STREET ADDRESS **4940 CHERRY CT**  
CITY-ST-ZIP **NEW PORT RICHEY, FL00000**

TITLE **TD** ☐ Delete

NAME **ERNST, LORNA M**  
STREET ADDRESS **4678 MARINE PKWY T1 #107**  
CITY-ST-ZIP **NEW PORT RICHEY, FL00000**

TITLE **D** ☐ Delete

NAME **ERNST JR, EMIL**  
STREET ADDRESS **4678 MARINE PKWY-T-1 #107**  
CITY-ST-ZIP **NEW PORT RICHEY, FL00000**

TITLE **SD** ☐ Delete

NAME **KRIEG, LORIE L**  
STREET ADDRESS **7810 KNIGHT DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **PD** ☐ Delete

NAME **ERNST, EMIL E**  
STREET ADDRESS **4935 PETUNIA CT**  
CITY-ST-ZIP **NEW PORT RICHEY, FL00000**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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 REQUIRED**  
**LORNA ERNST**

Date

Daytime Phone #

CR2E034 (9/01)