

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002272**

1. Entity Name

U.D. MARKETING, LTD.

Principal Place of Business

**4121 34TH STREET
ORLANDO FL 32811**

Mailing Address

**10065 RED RUN BLVD.
OWINGS MILLS MD 21117-4827**



2. Principal Place of Business

910 Ridgebrook Road
Suite, Apt. #, etc.

3. Mailing Address

910 Ridgebrook Road
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SPARKS, MD

City & State

SPARKS, MD

4. FEI Number

65-0913959

Applied For

Not Applicable

Zip

21152

Country

Zip

21152

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KENNEDY, WILLIAM P
4121 34TH STREET
ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name **National Corporate Research, Ltd., Inc.**
Street Address (P.O. Box Number is Not Acceptable)
1406 Hays Street, Suite #2
City **Tallahassee** **FL** Zip Code **32301**

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

John Morrissey, Asst. Vice President **April 25, 2000**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$4,010,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P97000090066**
NAME **U.D. MARKETING, INC.**
STREET ADDRESS **4121 34TH STREET**
CITY - ST - ZIP **ORLANDO FL 32811**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

7000003289647-7
-06/14/00--01100--024
*******526.25 *****526.25**

DOCUMENT #
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CITY - ST - ZIP

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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Signature Required
Fulchino

4/23/00

410 773-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED
00 MAY -5 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA