

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 20 AM 10:49

*rf 327100*



DO NOT WRITE IN THIS SPACE

**DOCUMENT # A97000002309**

1. Entity Name  
**MARKETING WORLDWIDE, LTD.**

Principal Place of Business <b>3089 ENISGLEN DRIVE PALM HARBOR FL 34683</b>	Mailing Address <b>3089 ENISGLEN DRIVE PALM HARBOR FL 34683-2000</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3472899</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**WINZKOWSKI, MICHAEL  
3089 ENISGLEN DRIVE  
PALM HARBOR FL 34683**

**7. Name and Address of New Registered Agent**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$19,800.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>19,800.00</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P97000089309 MARKETING WORLDWIDE, INC. 3089 ENISGLEN DRIVE PALM HARBOR FL 34683</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	<b>300003199079 - - 0 -04/07/00--01002--020 ****228.75 ****228.75</b>
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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: *Michael Winzkowski* **RECH MICHAEL WINZKOWSKI** 3/10/2000 (727) 785-3130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)