

2001 UNIFORM BUSINESS REPORT (UBR)

0014436 AF

DOCUMENT # **A97000002309**

1. Entity Name

MARKETING WORLDWIDE, LTD.

Principal Place of Business

**3020 LEPRECHAUN LANE
PALM HARBOR FL 34683**

Mailing Address

**3020 LEPRECHAUN LANE
PALM HARBOR FL 34683**

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

59-3472899

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

**WINZKOWSKI, MICHAEL Winzkowski, Michael
3089 ENISGLEN DRIVE 3020 Leprechaun Lane
PALM HARBOR FL 34683 Palm Harbor, FL 34683**

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. Capital Contributions
as Shown on record.

\$19,800.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000089309**
NAME **MARKETING WORLDWIDE, INC.**
STREET ADDRESS **3089 ENISGLEN DRIVE**
CITY-ST-ZIP **PALM HARBOR FL 34683**

STREET ADDRESS **3020 Leprechaun Lane**
CITY-ST-ZIP **Palm Harbor, FL 34683**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
300004015243--8
-04/18/01--01027--016
******228.75 ****228.75**

DOCUMENT #
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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 Michael Winzkowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03/27/01

727 785-2117

Date

Daytime Phone #

CR2E003 (11/00)

FILED

01 APR 11 PM 1:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE