

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90160 033 \*\*\*558.75

**DOCUMENT # F01000000473**

1. Entity Name  
**LLOYD MARKETING CORPORATION**

Principal Place of Business

**142 COSTA MESA DRIVE  
 THE VILLAGES FL 32859**

Mailing Address

**142 COSTA MESA DRIVE  
 THE VILLAGES FL 32859**

2. Principal Place of Business

**117888 S.E. 115 Court**

3. Mailing Address

**117888 S.E. 115 Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Summerfield, FL**

City & State

**Summerfield, FL**

4. FEI Number

**58-2315019**

Applied For

Not Applicable

Zip

Country

**34491 USA**

Zip

Country

**34491 USA**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LLOYD, MARY J**

**142 COSTA MESA DRIVE  
 THE VILLAGES FL 32159**

7. Name and Address of New Registered Agent

Name

**LLOYD, MARY J**

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

**117888 S.E. 115 Court**

✓

City

**Summerfield**

FL

Zip Code

**34491**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mary J. Lloyd**

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

(NOTE: Registered Agent signature required when reinstating)

**7/15/02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PSTD** ☐ Delete  
 NAME **LLOYD, MARY J**  
 STREET ADDRESS **142 COSTA MESA DRIVE**  
 CITY-ST-ZIP **THE VILLAGES FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition  
 NAME **LLOYD, MARY J**  
 STREET ADDRESS **11788 S.E. 115 CT.**  
 CITY-ST-ZIP **Summerfield, FL. 34491**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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.

**MARY J. LLOYD**

SIGNATURE: **Mary J. Lloyd**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/15/02 352-347-6743**

Date

Daytime Phone #

CR2E034 (4/02)