

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**  
 05-05-2000 90044 033 \*\*\*150.00

**DOCUMENT # F97000003128**

1. Entity Name  
**NEW DAY MARKETING, INC.**

Principal Place of Business Mailing Address  
~~6500 FLOTILLA DRIVE STE 104~~ PO BOX 1425  
~~HOLMES BEACH FL 34217~~ HOLMES BEACH FL 34218-1425

2. Principal Place of Business 3. Mailing Address  
**11203 LONGWOOD CT.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**BRADENTON, FL**  
 Zip Country Zip Country  
**34209 USA**

4. FEI Number **35-1342867** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PIOTROWICZ, JERRY**  
~~3014 AVE C STE 2~~ **11203 LONGWOOD CT.**  
~~HOLMES BEACH FL 34217~~ **BRADENTON, FL 34209**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**11203 LONGWOOD CT.**  
 City Zip Code  
**BRADENTON FL 34209**

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIOTROWICZ, JERRY		NAME		
STREET ADDRESS	6500 FLOTILLA DRIVE STE 104		STREET ADDRESS	11203 LONGWOOD CT.	
CITY-ST-ZIP	HOLMES BEACH FL 34217		CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIOTROWICZ, BARBARA		NAME		
STREET ADDRESS	6500 FLOTILLA DRIVE STE 104		STREET ADDRESS	11203 LONGWOOD CT.	
CITY-ST-ZIP	HOLMES BEACH FL 34217		CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** *Jerry Piotrowicz* **Jerry Piotrowicz** 4-24-00 941-761-2803  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)