

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003825

1. Entity Name

MAD MARKETING, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90054 010 ***158.75

Principal Place of Business

Mailing Address

~~19901 COURT OF THE MYRTLES~~
~~BOCA RATON FL 33434~~

~~19901 COURT OF THE MYRTLES~~
~~BOCA RATON FL 33434 3717~~

2. Principal Place of Business

3. Mailing Address

9045 La Fontana Blvd
Suite, Apt. #, etc.
C8

9045 La Fontana Blvd
Suite, Apt. #, etc.
C8

City & State

City & State

Boca Raton, FL

Boca Raton FL

Zip

Country

33434 USA

Zip

Country

33434 USA

4. FEI Number

59-3512795

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

PIERCE, CHRISTOPHER
19901 COURT OF THE MYRTLES
BOCA RATON FL 33434

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. 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	CP	<input type="checkbox"/> Delete
NAME	PIERCE, CHRISTOPHER	
STREET ADDRESS	19901 COURT OF THE MYRTLES	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	S	<input type="checkbox"/> Delete
NAME	PIERCE, PATRICIA	
STREET ADDRESS	19901 COURT OF THE MYRTLES	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9045 La Fontana Blvd, Ste C8
CITY-ST-ZIP	Boca Raton FL 33434
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9045 La Fontana Blvd, Ste C8
CITY-ST-ZIP	Boca Raton, FL 33434
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher Pierce 4/25/00

Date

Daytime Phone #

561-715-9167

CR2E034 (9/99)