2002 UNIFORM BUSINESS REPORT (UBR)

Jan 17, 2002 8:00 am Secretary of State **DOCUMENT #** G79149 1. Entity Name 01-17-2002 90028 018 ***150.00 MARKETING CONCEPTS UNLIMITED, INC. Principal Place of Business Mailing Address P.O. BOX-915229 900 FOX. VALLEY DR. LONGWOOD FL 32791 **STF 111** LONGWOOD FL 32779 HS 2. Principal Place of Business, 3. Mailing Address Peing: Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2372533 Not Applicable Zìp Country \$8.75 Additional 5. Certificate of Status Desired XEM INOLIS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUE, GARY A. Street Address (P.O. Box Number is Not Acceptable) 555 WEKIVA COVE RD. LONGWOOD FL 32779 City Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME RUE, GARY A. STREET ADDRESS STREET ADDRESS 555 WEKIVA COVE RD. CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 TITLE ☐ Delete ☐ Change Addition SD TITLE NAME RUE, MARY E. NAME STREET ADDRESS STREET ADDRESS 2086 CRANBERRY ISLES WAY CITY-ST-7IP CITY-ST-ZIP APOPKA FL 32712 TITLE - ---TITLE Delete - L Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change 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

FILED