

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90089 036 ***150.00

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DOCUMENT # H02001

1. Entity Name

NATIONAL MARKETING CONCEPTS, INC.



Principal Place of Business
4340 S. PADRE ISLAND DR.
CORPUS CHRISTI TX 78411

Mailing Address
P.O. BOX 81227
CORPUS CHRISTI TX 78468

30130314



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2696763

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GUERIN, L. JOHN JR.
1042 MAIN STREET
SUITE 204
DUNEDIN FL 34698

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVP** ☐ Delete
NAME **GREEN, CARTER K.**
STREET ADDRESS **5030 SOUTH OSO PARKWAY**
CITY-ST-ZIP **CORPUS CHRISTI TX 78413**

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

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **GREEN, DIANE U.**
CITY-ST-ZIP **5030 SOUTH OSO PARKWAY**
CORPUS CHRISTI TX 78413

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (4/03)

Attachment
90156514
H02001
L. John Guerin, Jr., P.A.
CERTIFIED PUBLIC ACCOUNTANT
AmSouth Bank Building
1042 Main Street
Dunedin, Florida 34698

L. John Guerin, Jr., C.P.A.
Member
AICPA
FICPA

Post Office Box 14156
Clearwater, Florida
Telephone (727) 738-5566
Fax (727) 738-5577
Mobile (727) 804-4970
E-mail ljgcpa@lycos.com

September 10, 2003

Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: National Marketing Concepts, Inc.

Dear Sir:

Under separate cover the corporation's president is requesting a waiver of the late fee, as no prior notice was received by the corporation.

If you have any questions regarding this letter, please do not hesitate to call.

Sincerely yours,


L. John Guerin, Jr.