

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H03046**
 1-Entity Name **GREAT ESCAPE MARKETING, INC**

FILED
Mar 30, 2000 8:00 am
Secretary of State
 03-30-2000 90004 016 ***158.75

Principal Place of Business Mailing Address
5942 34th STW #107 **POB 10413**
BRAEDONTON, FL 34202 **BRAEDONTON, FL**
34282

828880

2. Principal Place of Business 3. Mailing Address
5942 34th SW #107 **POB 10413**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
107
 City & State **BRAEDONTON, FL** City & State **BRAEDONTON, FL**
 Zip **34210** Country **USA** Zip **34282** Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2497957** Applied For
 Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
JILL BERRY SCROGGIN
4403 LAJOLLA DR
BRAEDONTON, FL 34210

7. Name and Address of New Registered Agent
 Name **WALT CYMANSKY**
 Street Address (P.O. Box Number is Not Acceptable) **5942 34th SW #107**
 City **BRAEDONTON** FL Zip Code **34210**

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 **WALT CYMANSKY** **W.J. Cymansky** **3/24/00**
 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. ☒ **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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" 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: **W.J. Cymansky** **3/24/00** **941-758-8777**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)