

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H31516

1. Entity Name

MANAGEMENT AND MARKETING SYNERGY, INC.

Principal Place of Business  
3988 NORTH ROSCOE ROAD  
HERNANDO FL 34442  
US

Mailing Address  
1706-D CAP CIR NE  
#6  
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

3794 PATCH DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

Country

Zip

32308

Country

4. FEI Number

59-2468868

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

WATSON, FRANKLIN

1706-D CAP CIR NE

#6

TALLAHASSEE FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

3794 PATCH DRIVE

City

TALLAHASSEE, FL

Zip Code

32308

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

*Franklin Watson*

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PDT WATSON, FRANKLIN 3794 PATCH DRIVE TALLAHASSEE FL 32308

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VDS BRINKER, CLAYTON E 4624 S FL AVE BOX 55 INVERNESS FL 34450

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
SECRETARY NANCY H. WATSON 3794 PATCH DRIVE TALLAHASSEE, FL 32308

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
400003456264-11/07/00-01128-0071  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
400003456264-11/07/00-01128-008  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
LS

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:

*Franklin Watson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/00 222-6397

Date

Daytime Phone #

APPROVED AND FILED

00 OCT 27 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

2000

CR2E034 (5/00)

0144319