

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
 01-19-2000 90140 004 ***150.00

DOCUMENT # J18854

1. Entity Name

MCKENZIE MARKETING, INC.

Principal Place of Business

Mailing Address

1079 US 19 SOUTH
~~4600 BUCHANAN HIGHWAY~~
 AMERICUS GA 31709
 US

1079 US 19 SOUTH
~~4600 BUCHANAN HIGHWAY~~
 AMERICUS GA 31709-9267
 US

2. Principal Place of Business

1079 U.S. 19 SO.

Suite, Apt. #, etc.

3. Mailing Address

1079 U.S. 19 SO.

Suite, Apt. #, etc.

City & State

Americus Ga.

Zip

31709

Country

U.S.

City & State

Americus Ga.

Zip

31709

Country

U.S.

4. FEI Number

59-2678719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ABBOTT, WAYNE
4502 GROVELAND STREET
BRADENTON FL 34208

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
 NAME **MCKENZIE, KENNETH**
 STREET ADDRESS **1089 US 19 SOUTH**
 CITY-ST-ZIP **AMERICUS GA 31709**

TITLE **S** ☐ Delete
 NAME **MCKENZIE, DELORES**
 STREET ADDRESS **1089 US 19 SOUTH**
 CITY-ST-ZIP **AMERICUS GA 31709**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Kenneth McKenzie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-00 912-928-4411

CR2E034 (9/99)