

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90062 003 \*\*\*150.00

**DOCUMENT # J25919**

1. Entity Name

**MARKETING BUSINESS ENTERPRISE, INC.**

Principal Place of Business

Mailing Address

**% I. CARL CALHOUN  
 6100 MEARS CT.  
 CLEARWATER FL 34620**

**% I. CARL CALHOUN  
 6100 MEARS CT.  
 CLEARWATER FL 34620**

( 1 0 4 4 3 )



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

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

**CALHOUN, I. CARL  
 2500 GOMEZ WAY, S.  
 ST.PETERSBURG FL 33712**

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, 2001 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

| 11. OFFICERS AND DIRECTORS |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | NAME                            | TITLE   | NAME  |
|                            | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| PST                        | CALHOUN, I.CARL                 |   |   |
| 6100 MEARS CT.             |                                 |   |   |
| CLEARWATER FL              |                                 |   |   |
|                            | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                 |   |   |
|                            | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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|                            | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                 |   |   |

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: *I. Carl Calhoun*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-01  
 Date

727-530-1643  
 Daytime Phone #

CR2E034 (10/00)