

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J84647

1. Entity Name

U.S. MARKETING CORPORATION

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90133 030 ***150.00

Principal Place of Business

240 SAND KEY ESTATES DRIVE
STE #86
CLEARWATER FL 33767
US

Mailing Address

12693 TAMiami TR S
#214
NAPLES FL 34113-8424

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2849221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PETERSON, BILL J
240 SAND KEY ESTATES
STE #86
CLEARWATER FL 33767

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP	WHALEN, WILLIAM A.	4576 SOUTHERN BREEZE DR	NAPLES FL 34114	<input type="checkbox"/>
P	PETERSON, BILL J.	240 SAND KEY ESTATES #86	CLEARWATER FL 33767	<input type="checkbox"/>
STD	MOSES, JUDY K.	1848 EMORY DR.	CLEARWATER FL 34625	<input type="checkbox"/>
S	MOSES, JUDY K	1848 EMORY DR	CLEARWATER FL 34625	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A Whalen

Date

4-20-00

Daytime Phone #

775-9849

CR2E034 (9/99)