

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90141 002 \*\*\*150.00

**DOCUMENT # K34048.**

1. Entity Name  
**FINANCIAL MARKETING HOLDING COMPANY, INC.**

Principal Place of Business	Mailing Address
201 8TH STREET SOUTH STE 107 NAPLES FL 34102 US	201 8TH STREET SOUTH STE 107 NAPLES FL 34102 US

UUUJJJJU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
800 LAUREL OAK DR. Suite, Apt. #, etc. 2nd floor	800 LAUREL OAK DR. Suite, Apt. #, etc. 2nd floor
City & State NAPLES, FL	City & State NAPLES, FL
Zip 34108	Country COLLIER

4. FEI Number	65-0073313	Applied For
		Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SCHROEDER, DENNIS B.**  
 201 8TH STREET SOUTH  
 STE 107  
 NAPLES FL 34102

7. Name and Address of New Registered Agent

Name	SCHROEDER, DENNIS B.		
Street Address (P.O. Box Number is Not Acceptable)	800 LAUREL OAK DRIVE		
	SUITE 200		
City	FL	Zip Code	34108

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: DATE: 4-4-01

Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE	D <input type="checkbox"/> Delete	TITLE	SCHROEDER, DENNIS B. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, DENNIS B.	NAME	SCHROEDER, DENNIS B.
STREET ADDRESS	201 8TH STREET SOUTH #107	STREET ADDRESS	800 LAUREL OAK DRIVE, 2nd flr
CITY-ST-ZIP	NAPLES FL 34102	CITY-ST-ZIP	NAPLES, FL 34108
TITLE	D <input type="checkbox"/> Delete	TITLE	SCHROEDER, JUDITH A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, JUDITH A.	NAME	SCHROEDER, JUDITH A.
STREET ADDRESS	201 8TH STREET SOUTH #107	STREET ADDRESS	800 LAUREL OAK DRIVE, 2nd flr
CITY-ST-ZIP	NAPLES FL 34102	CITY-ST-ZIP	NAPLES, FL 34108
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	
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: DENNIS B. SCHROEDER 941-403-4-4-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 7220

CP2E034 (10/00)