

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**

UUUJJJJUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

800 LAUREL OAK DR.

800 LAUREL OAK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd floor

2nd floor

City & State

City & State

NAPLES, FL

NAPLES, FL

Zip

Country

Zip

Country

34108

COLLIER

34108

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

7. Name and Address of New Registered Agent

**SCHROEDER, DENNIS B.
201 8TH STREET SOUTH
STE 107
NAPLES FL 34102**

Name

SCHROEDER, DENNIS B.

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

800 LAUREL OAK DRIVE

SUITE 200

City

NAPLES

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE:

4-4-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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
NAME	SCHROEDER, DENNIS B.	
STREET ADDRESS	201 8TH STREET SOUTH #107	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHROEDER, JUDITH A.	
STREET ADDRESS	201 8TH STREET SOUTH #107	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SCHROEDER, DENNIS B.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, DENNIS B.	
STREET ADDRESS	800 LAUREL OAK DRIVE, 2nd FLOOR	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	SCHROEDER, JUDITH A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, JUDITH A.	
STREET ADDRESS	800 LAUREL OAK DRIVE, 2nd FLOOR	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS B. SCHROEDER **941-403-**

4-4-01

Daytime Phone #

7220

CR2E034 (10/00)