

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013904

1. Entity Name
WEST FLORIDA MARKETING GROUP, LLC

FILED

01 DEC 18 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~3145 GATEWAY DR. STE. G~~ ~~3145 GATEWAY DR. STE. G~~
~~NORCROFT GA 30071~~ ~~NORCROFT GA 30071~~

2. Principal Place of Business 3. Mailing Address
6091 Johns Road 3016 Adriatic Court
Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste 5

City & State City & State
Tampa, FL Norcross, GA
Zip Zip
33634 Hillsborough 30071 Gwinnett

4. FEI Number Applied For
58-2582146 Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MARKS, LEONARD H Hunge Finstein
500 E. KENNEDY BLVD. 1802 Pine Hill Dr
TAMPA FL 33602 Safety Harbor FL 34695

7. Name and Address of New Registered Agent
Name Margaret Finstein
Street Address (P.O. Box Number is Not Acceptable)
1802 Pinehill Dr
City Safety Harbor FL Zip Code 34695

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 *Margaret Finstein* DATE 12/12/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100004735361--9
-12/21/01--01007--027
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* DATE 11/30/01 DAYTIME PHONE 770-840-6018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

0024150 AF

CR2E083 (11/00)