

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90447 026 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L78730			
1. Entity Name FLORIDA MARKETING ALLIANCE, INC.			
Principal Place of Business 3208-C EAST COLONIAL DR #288 ORLANDO, FL 32803 US		Mailing Address 3208-C EAST COLONIAL DR #288 ORLANDO, FL 32803 US	
2. Principal Place of Business		3. Mailing Address <i>1805 Siesta Drive</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite B</i>	
City & State <i>Sarasota, FL</i>		City & State <i>Sarasota, FL</i>	
Zip <i>34239</i>	Country <i>USA</i>	4. FEI Number <i>59-3032351</i>	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent RUBINSTEIN, LEONARD A., M.D. 1805 SIESTA DRIVE SARASOTA, FL 34239		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City <i>FL</i> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent Signature required when substituting) DATE _____			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <i>RUBINSTEIN, LEONARD A.</i> <i>4921 HIGEL AVE.</i> <i>SARASOTA, FL 34242</i>	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE <i>Leonard A. Rubin</i>		Date <i>4/15/03</i> 941-9573890	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

10077875



☒ CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)