

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002516

1. Entity Name

NATIONAL EXECUTIVE PERSONNEL AND MARKETING GROUP

FILED

00 JAN 24 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

12734 KENWOOD LANE, SUITE 73
FORT MYERS FL 33907-5638

Mailing Address

12734 KENWOOD LANE, SUITE 73
FORT MYERS FL 33907-5638



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0879763

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, HASKEL
12734 KENWOOD LANE, SUITE 73
FORT MYERS FL 33907-5638

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

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME THOMPSON, HASKEL
STREET ADDRESS 12734 KENWOOD LANE, SUITE 73
CITY-ST-ZIP FORT MYERS FL 33907-5638

TITLE ☐ Change ☐ Add
NAME 900003119419
STREET ADDRESS -02/01/00--01123--016
CITY-ST-ZIP *****55.00 *****55.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

HASKEL SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/20/00

Date

(941) 931-0200

Daytime Phone #