

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000002516**

1. Entity Name

**NATIONAL EXECUTIVE PERSONNEL AND MARKETING GROUP**

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

Zip

Country

Zip

Country

**FILED**  
**01 JUL 31 AM 8:47**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0879763**

Applied For  
Not Applicable

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**  
**Due By September 26, 2001**

**000004524290--E**  
**-08/08/01--01051--015**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR THOMPSON, HASKEL 12734 KENWOOD LANE, SUITE 73 FORT MYERS FL 33907-5638</b>	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**7/6/01**

**94-931-0200**

Date

Daytime Phone #

CR2E083 (5/01)