

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0019989 AF

DOCUMENT # L99000004138

1. Entity Name  
MARKETING ADVISORS, L.L.C.

01 APR 26 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1401 KIMDALE STREET  
LEHIGH ACRES FL 33936

Mailing Address  
1401 KIMDALE STREET  
LEHIGH ACRES FL 33936



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0924947 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

DAVIS, THOMAS J JR  
4575 VIA ROYALE SUITE 206  
FT MYERS FL 33919

Name Fred J Anderson

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

1401 Kimdale St

City Lehigh Acres FL Zip Code 33936

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-01

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MEM ☐ Delete  
NAME KEUCK, DARREL W  
STREET ADDRESS 6837 MONTREAL PLACE  
CITY-ST-ZIP SCOTTSDALE AZ 85254

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

TITLE MEM ☐ Delete  
NAME ANDERSTON, FRED J TRUSTEE  
STREET ADDRESS 1401 KIMDALE ST.  
CITY-ST-ZIP LEHIGH ACRES FL 33936

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*[Signature]*

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

Date

Daytime Phone #

4-24-01

CR2E083 (11/00)