

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90065 016 *****50.00

0009387

DOCUMENT # M01000002871

1. Entity Name

MARKET GROWTH, LLC



Principal Place of Business

**407 WEKIVA SPRINGS RD., STE 245
LONGWOOD FL 32779**

Mailing Address

**407 WEKIVA SPRINGS RD., STE 245
LONGWOOD FL 32779**

2. Principal Place of Business

1031 W. Morse Blvd

Suite, Apt. #, etc.

Suite 160

City & State

Winter Park, FL.

Zip

32789

Country

U.S.A

3. Mailing Address

1031 W. Morse Blvd.

Suite, Apt. #, etc.

Suite 160

City & State

Winter Park, FL.

Zip

32789

Country

U.S.A



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3707729**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FULCO, BARRY

**407 WEKIVA SPRINGS RD., STE 245
LONGWOOD FL 32779**

Name

Barry Fulco

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

1031 W. Morse Blvd.

Suite 160

City

Winter Park

FL

Zip Code

32789

7. Name and Address of New Registered Agent

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

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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE BARRY FULCO REV LIVING TRUST 407 WEKIVA SPRINGS RD., STE 245 LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE JAY ZAJAN REV LIVING TRUST 407 WEKIVA SPRINGS RD., STE 245 LONGWOOD FL 32779	<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
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	MGRM The Barry Fulco Rev Living Trust 1031 W. Morse Blvd, Suite 160 Winter Park, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM The Jay Zajan Rev Living Trust 1031 W. Morse Blvd, Suite 160 Winter Park, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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:

Barry Fulco

TRUSTEE/BARRY FULCO 7.10.03 407.478.4900

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

Date

Daytime Phone #

CR2E083 (4/03)