

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-28-2003 90075 005 ***150.00

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DOCUMENT # M64340

1. Entity Name
MARKETING INK, INCORPORATED



Principal Place of Business
1761 W. HILLSBORO BLVD.
SUITE 204
DEERFIELD BEACH FL 33442

Mailing Address
1761 W. HILLSBORO BLVD.
SUITE 204
DEERFIELD BEACH FL 33442

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 **65-0023394**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSE, ANDREW M.
9420 PEABODY COURT
BOCA RATON FL 33496

Name **ROSE, ANDREW M.**
Street Address (P.O. Box Number is Not Acceptable)
11059 BLUE CORAL DRIVE
City **BOCA RATON** FL Zip Code **33498**

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 *Andrew M. Rose*

Signature, typed or printed name of registered agent and title if applicable

ANDREW M. ROSE, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ROSE, ANDREW M.**
STREET ADDRESS **9420 PEABODY COURT**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **PD** ☒ Change ☐ Addition
NAME **ROSE, ANDREW M.**
STREET ADDRESS **11059 BLUE CORAL DRIVE**
CITY-ST-ZIP **BOCA RATON, FL. 33498**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

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

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 empowers.

SIGNATURE:

Andrew M. Rose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW M. ROSE - PRESIDENT

Date

Daytime Phone #

CR2E034 (10/02)