

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M66893

1. Entity Name

CEMCO MARKETING, INC.

FILED

Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90033 050 ***150.00

Principal Place of Business

Mailing Address

555 LONGWOOD MARKHAM ROAD
STE 8
SANFORD FL 32771
US

P.O. BOX 959099
LAKE MARY FL 32720-3208
US

2. Principal Place of Business

3. Mailing Address

114 N Florida Avenue

114 N Florida Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C

Suite C

City & State

City & State

DeLand

DeLand

Zip

Country

Zip

Country

32720

Volusia

32720

Volusia



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2873532

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEWITT, SHERRI K.

243 WEST PARK AVENUE

TUS

WINTER PARK FL 32789

Name

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

111 N. Orange Ave #1700

City Orlando

FL

Zip Code 32801

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ST
STREET ADDRESS MCFALL, KAREN A. 2943 Paolini
CITY-ST-ZIP 555 LONGWOOD MARKHAM RD Deland FL 32720
SANFORD FL

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

TITLE
NAME P
STREET ADDRESS MCFALL, CHARLES E. 2943 Paolini
CITY-ST-ZIP 111 N. ORANGE AVENUE #1700 Deland FL 32720
ORLANDO FL 32801

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: YOUNG McFall K.A. McFall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00 904-740-2440
Date Daytime Phone #

C.F. 014 (9/99)