

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001392

1. Entity Name
EZ MARKETING, LLC

FILED

01 APR -9 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2011 DELTA BLVD., #A
TALLAHASSEE FL 32303

Mailing Address
2011 DELTA BLVD., #A
TALLAHASSEE FL 32303



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3541288

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, SANTOS
2000 OLD FORT DR.
TALLAHASSEE FL 32301

Name TED DeGennaro

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

2011-A DELTA BLVD

City TALLAHASSEE

FL

Zip Code 32303

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/28/01

DATE

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

300004013963--3
-04/17/01--01096--015
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS SWANK, JEFF
CITY-ST-ZIP 7906 MCCLURE
TALLAHASSEE FL 32312 ☐ Delete

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 2332 HAVENHILL RD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS MGR
CITY-ST-ZIP TED DeGennaro
2011-A DELTA BLVD
TALLAHASSEE, FL 32303

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 #

CR2E083 (11/00)