

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90198 024 \*\*\*\*50.00

**DOCUMENT # M98000001392**

1. Entity Name  
**EZ MARKETING, LLC**



Principal Place of Business

Mailing Address

**2011 DELTA BLVD., #A  
TALLAHASSEE FL 32303**

**2011 DELTA BLVD., #A  
TALLAHASSEE FL 32303**

2. Principal Place of Business

3. Mailing Address

**1637 METROPOLITAN BLVD  
SUITE C**

**1637 METROPOLITAN BLVD  
SUITE C**

City & State  
**TALLAHASSEE, FL**

City & State  
**TALLAHASSEE, FL**

Zip  
**32308**

Country  
**USA**

Zip  
**32308**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3541288**

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

**DEGENNARO, TED  
2011-A DELTA BLVD  
TALLAHASSEE FL 32303**

Name

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

**1637 METROPOLITAN BLVD**

**SUITE C**

City

**TALLAHASSEE**

**FL**

Zip Code

**32308**

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SWANK, JEFF  
2332 HAVERHILL RD  
TALLAHASSEE FL 32312** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1637 METROPOLITAN BLVD #C  
TALLAHASSEE, FL 32308** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DEGENNARO, TED  
2011-A DELTA BLVD  
TALLAHASSEE FL 32303** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1637 METROPOLITAN BLVD #C  
TALLAHASSEE, FL 32308** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (10/02)