

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90155 028 ***150.00

DOCUMENT # P00000007398

1. Entity Name
V.I.P. MARKETING GROUP, INC.

Principal Place of Business

17466 FUEGO LN.
PUNTA GORDA FL 33955

Mailing Address

17466 FUEGO LN.
PUNTA GORDA FL 33955

2. Principal Place of Business

1584 AQUA ESTA DR.
 Suite, Apt. #, etc.

3. Mailing Address

1584 AQUA ESTA DR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Punta Gorda, FLA.

Zip
33950

Country

USA

City & State
Punta Gorda, FLA.

Zip
33950

Country

USA

4. FEI Number

65-0975291

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEAGUE, EILEEN
17466 FUEGO LN.
PUNTA GORDA FL 33955

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
TEAGUE, EILEEN
17466 FUEGO LN.
PUNTA GORDA FL 33955

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV
TEAGUE, EDWIN F
17466 FUEGO LN.
PUNTA GORDA FL 33955

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
TEAGUE, EILEEN
17466 FUEGO LN.
PUNTA GORDA FL 33955

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ 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: *Eileen Teague*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02 941-505-7433
 Date Daytime Phone #

CR2E034 (9/01)