

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91166 047 ***150.00

0113821 7AV

DOCUMENT # P00000019012

1. Entity Name

MARKETING 2 MERCHANDISING, INC.

Principal Place of Business

~~1775 W. HIBISCUS BLVD.~~
~~SUITE 214,~~
~~MELBOURNE FL 32901~~

Mailing Address

~~1775 W. HIBISCUS BLVD.~~
~~SUITE 214,~~
~~MELBOURNE FL 32901~~

2. Principal Place of Business

7830 ELLIS RD

Suite, Apt. #, etc.

MELBOURNE

City & State

FL

Zip

32904

Country

BREVARD

3. Mailing Address

7830 ELLIS RD

Suite, Apt. #, etc.

MELBOURNE, FL

City & State

Zip

32904

Country

BREVARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3645221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

KRAUSE, KURT W

~~1775 W. HIBISCUS BLVD.~~

~~SUITE 214~~

~~MELBOURNE FL 32901~~

7830 ELLIS RD
MELBOURNE, FL
32904

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-02

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 **D** ☐ Delete
NAME **KRAUSE, KURT W**
STREET ADDRESS **205 BALLYSHANNON STREET, #501**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE **D** ☐ Delete
NAME **KRAUSE, BETTE E**
STREET ADDRESS **205 BALLYSHANNON STREET, #501**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE **D** ☐ Delete
NAME **OLSON, STEFANIE**
STREET ADDRESS **2810 SUMMER BROOK STREET**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

KURT W. KRAUSE

5/1/02

321-726-0040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)