

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90164 038 ***150.00

0341579

DOCUMENT # P00000029620

1. Entity Name
MARKETING 4 E-BIZ, INC.

Principal Place of Business

Mailing Address

~~1813 W. HILLS AVENUE~~
~~#1~~
~~TAMPA FL 33606~~

~~1813 W. HILLS AVENUE~~
~~#1~~
~~TAMPA FL 33606~~

2. Principal Place of Business

614 Seascapeway

3. Mailing Address

614 Seascapeway

City & State

Tampa FL

City & State

Tampa, FL

4. FEL Number

59-3650002

Applied For

Not Applicable

Zip

Country

33602

Zip

Country

33602

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

RODRIGUEZ, ANTOINETTE
~~1813 W. HILLS AVENUE~~
~~#1~~
~~TAMPA FL 33606~~

614 Seascapeway
Tampa, FL 33602

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, 2001 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 **D** ☐ Delete
 NAME **RODRIGUEZ, ANTOINETTE**
 STREET ADDRESS **1813 W. HILLS AVENUE #1**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE **CEO/Director** ☒ Change ☐ Addition
 NAME **Antoinette Rodriguez**
 STREET ADDRESS **614 Seascapeway**
 CITY-ST-ZIP **Tampa, FL 33602**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Antoinette Rodriguez 4-23-01 800.700.5823

CR2E034 (10/00)