

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029851

1. Entity Name

MARKETING TOOLS, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**  
 05-15-2001 90128 025 \*\*\*150.00

00052976



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3161-4 ST. JOHNS BLUFF RD S. JACKSONVILLE FL 32246	Mailing Address 3161-4 ST. JOHNS BLUFF RD S. JACKSONVILLE FL 32246
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2. Principal Place of Business 3161-2 St. Johns Bluff Road Suite, Apt. #, etc.	3. Mailing Address 3161-2 St. Johns Bluff Road South Suite, Apt. #, etc.
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City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32246	Country
Zip 32246	Country

4. FEI Number 59-3634526	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCURRY, EDGAR W JR  
 3161-4 ST. JOHNS BLUFF RD S.  
 JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

Name  
 Patricia A. Mallard  
 Street Address (P.O. Box Number is Not Acceptable)  
 3161-2 St. Johns Bluff Road South  
 City Jacksonville FL Zip Code 32246

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 Patricia A. Mallard *P. Mallard* 04/16/01  
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME MCCURRY, EDGAR W JR	
STREET ADDRESS 3161-4 ST. JOHNS BLUFF RD S.	
CITY-ST-ZIP JACKSONVILLE FL 32246	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <del>PD</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>MCCURRY, EDGAR W JR</del>	
STREET ADDRESS <del>3161-4 ST. JOHNS BLUFF RD S.</del>	
CITY-ST-ZIP <del>JACKSONVILLE, FL 32246</del>	
TITLE PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MALLARD, PATRICIA	
STREET ADDRESS 3161-2 ST. JOHNS BLUFF RD S.	
CITY-ST-ZIP JACKSONVILLE, FL 32246	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *P. Mallard* **Edgar W Jr McCurry, xxx** (904) 644-2929  
DATE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)