

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90483 019 ***150.00

02-7669

DOCUMENT # P00000033753

1. Entity Name
MARKETING ONLINE, INC.

Principal Place of Business
6278 N. FEDERAL HWY. #592
FT. LAUDERDALE FL 33308

Mailing Address
6278 N. FEDERAL HWY. #592
FT. LAUDERDALE FL 33308

00037432



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5300 NW 33rd Ave
 Suite, Apt. #, etc.
Suite 200
 City & State
FT. Lauderdale FL
 Zip
33309 Country
USA

3. Mailing Address
5300 NW 33rd Ave
 Suite, Apt. #, etc.
Suite 200
 City & State
FT. Lauderdale FL
 Zip
33309 Country
USA

4. FEI Number ☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GOFF, WARREN
6278 N. FEDERAL HWY. #592
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
5300 NW 33rd Ave
Suite 200
 City & State
FT. Lauderdale FL Zip Code
33309

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 DATE **4-12-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President, Secy -	Wayne Goff	6680 NW 81st Terrace	Parkland FL 33067	<input type="checkbox"/>
V.P., Treasurer	Pamela Richardson	760 NE 28th Ave	Pompano Beach FL 33062	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: DATE **4/12/01** 954 484 5478

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)