FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2002 8:00 am
Secretary of State
08-21-2002 90049 030 ***550.00

123916

DOCUMENT # P00000035175

1. Entity Name

Marktel II, Inc ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1239 Oceanshore Blvd.	11700 Pennsylvania Ave
Suite, Apt. #, etc. 2C3	Suite, Apt. #, etc.
City & State: Ormond Beach FL	City & State: Kansas City, MO
Zip: 32176 Country: USA	Zip: 64114 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2591024 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: James W. Clayton

Street Address (P.O. Box Number is Not Acceptable): 1239 Oceanshore Blvd, #2C3

City: Ormond Beach FL Zip Code: 32176

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: N/A
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) ☒

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	P
NAME	Norman Jacobs
STREET ADDRESS	11700 Pennsylvania Ave.
CITY-ST-ZIP	Kansas City, MO 64114
TITLE	S/T/D
NAME	Joanne Jacobs
STREET ADDRESS	11700 Pennsylvania Ave
CITY-ST-ZIP	Kansas City, MO 64114
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Norman Jacobs, Pres. 8/12/02 (816) 966-1359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #