FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90600 011 ***150.00

DOCUMENT # P00000035175

1. Entity Name

MARKTEL II, INC.

90007541

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1239 Ocean Shore Blvd.	3. Mailing Address: 301 Duck Road
Suite, Apt. #, etc.: #2C3	Suite, Apt. #, etc.:
City & State: Ormond Beach, FL	City & State: Grandview, MO
Zip: 31276 Country: USA	Zip: 64030 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 Ocean Shore Blvd., #2C3
City: Ormond Beach FL Zip Code: 31276

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. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Norman Jacobs	NAME	
STREET ADDRESS	11700 Pennsylvania Ave.	STREET ADDRESS	
CITY-ST-ZIP	Kansas City, MO 64114	CITY-ST-ZIP	
TITLE	Sec'y/Treasurer & Director	TITLE	
NAME	Joanne Jacobs	NAME	
STREET ADDRESS	11700 Pennsylvania Ave.	STREET ADDRESS	
CITY-ST-ZIP	Kansas City, MO 64114	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Joanne Jacobs Jan 15, 2003 816-966-1359
Joanne Jacobs, Secretary/Treasurer & Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #