

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90031 011 ***150.00

DOCUMENT # P00000036514

1. Entity Name

NEIGHBORHOOD MARKETING INSTITUTE.COM, INCORPORAT

Principal Place of Business

**44 COCOANUT ROW . STE. T-5
PALM BEACH FL 33480**

Mailing Address

**44 COCOANUT ROW . STE. T-5
PALM BEACH FL 33480**

2. Principal Place of Business

400 Clematis Street

3. Mailing Address

400 Clematis Street

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

WEST PALM BEACH, FLORIDA

City & State

WEST PALM BEACH, FLORIDA

Zip

33401

Country

USA

Zip

33401

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

7. Name and Address of New Registered Agent

**FELTENSTEIN, TOM
44 COCOANUT ROW , STE. T-5
PALM BEACH FL 33480**

Name

Street Address (P.O. Box Number is Not Acceptable)

400 Clematis Street

SUITE 205

City

WEST PALM BEACH

FL

Zip Code

33401

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 | C | <input type="checkbox"/> Delete |
| NAME | FELTENSTEIN, TOM | |
| STREET ADDRESS | 44 COCOANUT ROW , STE. T-5 | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | |
| TITLE | VC | <input type="checkbox"/> Delete |
| NAME | VINCENT, B. JOSEPH | |
| STREET ADDRESS | 44 COCOANUT ROW , STE. T-5 | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MAIN, TUCKER "BILL" | |
| STREET ADDRESS | 44 COCOANUT ROW , STE. T-5 | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 400 CLEMATIS STREET SUITE 205 |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 400 CLEMATIS STREET SUITE 205 |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 400 CLEMATIS STREET SUITE 205 |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)