

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90061 031 ***158.75

DOCUMENT # P00000046929

1. Entity Name
FBS MARKETING INC.

Principal Place of Business
**1300 LORI DRIVE
 SPRING HILL FL 34606**

Mailing Address
**1300 LORI DRIVE
 SPRING HILL FL 34606**

2. Principal Place of Business
1284 LORI DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
1284 LORI DRIVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SPRING HILL FL
 Zip
34606

City & State
SPRING HILL FL
 Zip
34606

4. FEI Number
593649193

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

**SUOZZO, KAREN
 1300 LORI DRIVE
 SPRING HILL FL 34606**

Name
BRIAN BARNETT
 Street Address (P.O. Box Number is Not Acceptable)
1284 LORI DRIVE
 City
SPRING HILL FL Zip Code
34606

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 **4/30/01**
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Delete BRIAN BARNETT 1284 LORI DR. SPRING HILL FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **4/30/01 327/686 4020**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR -

Date Daytime Phone #

CR2E034 (10/00)