2001 UNIFORM BUSINESS REPORT (UBR)

0129865 AT

DOCUMENT # P00000051344

1. Entity Name
800 MARKETING FOR SUCCESS, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 28 PM 1:48

Principal Place of Business	Mailing Address
1988 SIR LANCELOT CIRCLE ST CLOUD FL 34772	1988 SIR LANCELOT CIRCLE ST CLOUD FL 34772

REINSTATEMENT 01

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1236 Beth Lane Suite, Apt. #, etc.	1980 N. Atlantic Ave. Suite, Apt. # etc. STE 725
City & State: St. Cloud, FL	City & State: Cocoa Beach, FL
Zip: 34772 Country: USA	Zip: 32931 Country: USA

4. FEI Number: 59-3650659 ☐ 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
KUCIK, PAUL D 1988 SIR LANCELOT CIRCLE ST CLOUD FL 34772	Name: Paul D. Kucik Street Address (P.O. Box Number is Not Acceptable): 1236 Beth Lane City: St. Cloud FL Zip Code: 34772

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: Paul Kucik 9-25-01
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 $550.00
After September 12, 2001 Fee will be $750.00
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	D KUCIK, JOSEPH 1988 SIR LANCELOT CIRCLE ST CLOUD FL 34772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Joseph Kucik 1236 Beth Lane St. Cloud, FL 34772	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUCIK, PAUL D 1988 SIR LANCELOT CIRCLE ST CLOUD FL 34772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Paul Kucik 1236 Beth Lane St. Cloud, FL 34772	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600004627636--0 -10/08/01--01085--029 ****758.75 ****758.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SP	☐ Change ☐ 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: Paul Kucik SIGNATURE REQUIRED 9-25-01 (407) 957-0652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/01)