

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91564 045 ***158.75

DOCUMENT # **P000000051428**

1. Entity Name

SALLY GARDNER MARKETING INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Boca Raton FL

3. Mailing Address

20820 DEL LUNA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

FL

Zip

33400

Country

PAIN BEACH

Zip

Country

4. FEI Number

65-1013969

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MURRAY C GOLDBLATT

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

20820 DEL LUNA DR

Boca Raton

City

Boca Raton

FL

Zip Code

33400

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]

MURRAY C GOLDBLATT

4/15/02

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
NAME
STREET ADDRESS
CITY-ST-ZIP
SALLY GOLDBLATT
20820 DEL LUNA DR
Boca Raton FL 33400

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MURRAY C GOLDBLATT
20820 DEL LUNA DR
Boca Raton FL

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Date

Daytime Phone #

561-315-5549

CR2E034B (12/01)