

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY -5 PM 1:18

DOCUMENT # **P00000051428**

1. Entity Name **SALLY GARDNER
MARKETING INC**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20820 DEL LUNA DRIVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON

City & State

FL

4. FEI Number

651013969

Applied For

Not Applicable

Zip

33403

Country

DOM BAHAM

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

SALLY GOLDBLATT

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

20820 DEL LUNA DRIVE

City

BOCA RATON

FL

Zip Code

33403

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relocating)

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 **PRES**
NAME **SALLY GOLDBLATT**
STREET ADDRESS **20820 DEL LUNA DR**
CITY-ST-ZIP **BOCA RATON FL 33403**

TITLE **V. PRES**
NAME **MURRAY GOLDBLATT**
STREET ADDRESS **20820 DEL LUNA DR**
CITY-ST-ZIP **BOCA RATON FL 33403**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000018023880
05/05/03--01112--025 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000018023880
05/05/03--01112--025 **8.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)