

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000065604**1. Entity Name
NEW WORLD OF MARKETING, INC.

Principal Place of Business 45 BRUCE LANE PALM COAST FL 32137	Mailing Address 45 BRUCE LANE PALM COAST FL 32137
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2. Principal Place of Business 45 BRUCE LANE	3. Mailing Address 2015 LEM TURNER ROAD
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PALM COAST FL	City & State CALLAHAN FL
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Zip 32137	Country US	Zip 32011	Country US
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4. FEI Number 59-3656657	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentFRAN'S TAX SERVICE, INC.
2015 LEM TURNER RD.CALLAHAN FL
32011 US**7. Name and Address of New Registered Agent**Name
FRAN'S TAX SERVICE INC
Street Address (P.O. Box Number is Not Acceptable)
2015 LEM TURNER RD.City
CALLAHAN FL Zip Code
32011

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 **FRANCES M CAUDLE**

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

(NOTE: Registered Agent signature required when reinstating)

04/30/2001

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOTT KIMBERLEE 45 BRUCE LANE PALM COAST FL 32137	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: KIMBERLEE GOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES 04/30/2001

Date

Daytime Phone #

CR2E034 (11/00)