

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000074042**1. Entity Name
SIGMA MARKETING, INC.

Principal Place of Business

1180 S. POWERLINE RD.

POMPANO
33069

FL

Mailing Address

1180 S. POWERLINE RD.

POMPANO
33069

FL

2. Principal Place of Business

5353 W. ATLANTIC AVE

Suite, Apt. #, etc.
STE 403City & State
DELRAY BEACH

FL

Zip
33484Country
PB

3. Mailing Address

5353 W. ATLANTIC AVE

Suite, Apt. #, etc.
STE 403City & State
DELRAY BEACH

FL

Zip
33484Country
PB

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BLACKWOOD JONATHAN S
1180 S. POWERLINE RD.POMPANO FL
33069

7. Name and Address of New Registered Agent

Name

BLACKWOOD JONATHAN S

Street Address (P.O. Box Number is Not Acceptable)
5353 W. ATLANTIC AVE

STE 403

City
DELRAY BEACH

FL

Zip Code
33484

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 _____ **04/30/2001**

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 \$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 D ☐ Delete
NAME BLACKWOOD JONATHAN S
STREET ADDRESS 1180 S. POWERLINE RD.
CITY-ST-ZIP POMPADNO FL 33069TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME BLACKWOOD JONATHAN S
STREET ADDRESS 5353 W. ATLANTIC AVE STE 403
CITY-ST-ZIP DELRAY BEACH FL 33484TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Jonathan Scott Blackwood

D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)