

2002 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

09-15-2002 90092 019 \*\*\*150.00

DOCUMENT # P00000078651

1. Entity Name

4-33 STRATEGIC MARKETING, INC. ✓

**DO NOT WRITE IN THIS SPACE**

871931

2. Principal Place of Business 12870 Jebb Island Cir. Suite, Apt. #, etc.		3. Mailing Address 12780 Jebb Island Cir. Suite, Apt. #, etc.		4. FEI Number 59-3665594		Applied For Not Applicable	
City & State Jacksonville, FL		City & State Jacksonville, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 32224	Country USA	Zip 32224	Country USA				

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MARK D. BERMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**12780 JEBB ISLAND CIRCLE**

City **JACKSONVILLE** FL Zip **32224**

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 \_\_\_\_\_ (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)

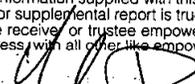
January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

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	DPST BERMAN, MARK D. 12780 JEBB ISLAND CIRCLE JACKSONVILLE, FL 32224	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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)(f), 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:  **MARK D. BERMAN** (904) 838-4982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)



- ✓ Income Tax Service
- ✓ Financial & Insurance Services
- ✓ Accounting & Bookkeeping Services

Attachment  
871931

320 Osceola Avenue  
Jacksonville Beach, FL 32250  
Phone 904/241-2533  
Fax: 904/241-1604  
www.triplechecktax.com

September 11, 2002

Division of Corporations  
Annual Reports Filing  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Profit Corporation Annual Report  
Document P00000078651 - 4-33 Strategic Marketing, Inc.

Dear Sir/Madam,

Please see the attached Uniform Business Report for our client listed above. We are requesting a waiver of the late fee and ask that you accept the enclosed application and payment of \$150.00.

Mr. Berman, President of the above Corporation, did not receive his report for the 2002 registration period. This was discovered when he came in for his tax interview this week and we determined that it had not been received or filed. He is always very conscientious about forwarding all government paperwork to us and paying all yearly fees timely.

Thank you for your help with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

  
Beverlee A. Flowers, E.A.

Enclosure: Uniform Business Report  
Check # 1678