

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000080721

1. Entity Name
MKT4HIM, INC.

Principal Place of Business

5841 12TH AVENUE SW
NAPLES FL 34116

Mailing Address

5841 12TH AVENUE SW
NAPLES FL 34116

2. Principal Place of Business

1747 WELLESLEY CIRCLE

Suite, Apt. #, etc.

APT # 5

City & State

NAPLES FL

Zip

34116

Country

USA

3. Mailing Address

1747 WELLESLEY CIRCLE

Suite, Apt. #, etc.

APT # 5

City & State

NAPLES FL

Zip

34116

Country

USA

4. FEI Number

65-1035175

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, PAUL
1747 WELLESLEY CIRCLE SUITE 5
NAPLES FL 34116

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 PD
NAME PIERCE, PAUL
STREET ADDRESS 1747 WELLESLEY CIRCLE SUITE 5
CITY-ST-ZIP NAPLES FL 34116 ☐ Delete

TITLE VD
NAME JONES, GARY H
STREET ADDRESS 5841 12TH AVENUE SW
CITY-ST-ZIP NAPLES FL 34116 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01
Date

(941) 348-8058
Daytime Phone #

736965



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)