FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 90733 035 ***150.00

DOCUMENT # P00000087924

1. Entity Name

Exclamation Marketing, Inc.

DO NOT WRITE IN THIS SPACE

B0061615

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3717 Del Prado Blvd.	3717 Del Prado Blvd.
Suite, Apt. #, etc. Suite 4	Suite, Apt. #, etc. Suite 4
City & State Fort Myers, Florida	City & State Fort Myers, Florida
Zip 33904 Country USA	Zip 33904 Country USA

4. FEI Number 65-1071999 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Debra L. Gordon

Street Address (P.O. Box Number is Not Acceptable): 3717 Del Prado Blvd

Suite 4

City: Cape Coral **FL** Zip Code: 33904

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: Debra L. Gordon Debra L. Gordon, Registered Agent 4/1/02

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) ☐

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	Director	TITLE	
NAME	Debra L. Gordon	NAME	
STREET ADDRESS	3717 Del Prado Blvd, Suite 4	STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, Florida 33904	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Irwin A. Gordon	NAME	
STREET ADDRESS	3717 Del Prado Blvd, Suite 4	STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, Florida 33904	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Debra L. Gordon Debra L. Gordon, Director 4/1/02 239-945-5511

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