

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91206 015 ***150.00

DOCUMENT # P00000094604

1. Entity Name
THE THREE MARKETEERS, INC.

Principal Place of Business Mailing Address
~~5801 FALLS OF NEUSE~~ ~~5801 FALLS OF NEUSE~~
~~203~~ ~~203~~
~~RALEIGH NC 27609~~ ~~RALEIGH NC 27609~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5800 Faringdon PLAcE **5800 Faringdon PLAcE**

Suite, Apt. #, etc. Suite, Apt. #, etc.
206 **206**
 City & State City & State
Raleigh NC **Raleigh NC**

Zip Country Zip Country
27609 **USA** **27609** **USA**

4. FEI Number Applied For
56-2240313 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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 _____ (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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D AHLSTROM, LUCAS	NAME	5800 Faringdon PLAcE suite 206
STREET ADDRESS	7200 FALLS OF NEUSE RD, #304 →	STREET ADDRESS	Raleigh, NC 27609
CITY-ST-ZIP	RALEIGH NC 27615	CITY-ST-ZIP	Raleigh, NC 27609
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D NASLUND, TOMMY	NAME	5800 Faringdon PLAcE suite 206
STREET ADDRESS	7200 FALLS OF NEUSE RD, #304 →	STREET ADDRESS	Raleigh, NC 27609
CITY-ST-ZIP	RALEIGH NC 27615	CITY-ST-ZIP	Raleigh, NC 27609
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Tommy Naslund SIGNATURE REQUIRED: Tommy Naslund Date: 4/29/02 Daytime Phone #: 919 872 9511

CR2E034 (9/01)