

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2001 8:00 am
Secretary of State

08-15-2001 90004 042 ***550.00

DOCUMENT # P00000104945

1. Entity Name

RESOURCEFUL PRODUCTS & MARKETING, INC.

Principal Place of Business

**6213 GOLF VISTA WAY
 BOCA RATON FL 33433**

Mailing Address

**6213 GOLF VISTA WAY
 BOCA RATON FL 33433**

2. Principal Place of Business

6213 GOLF VISTA WAY

3. Mailing Address

7040 W PALMETTO PK. RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4-630

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

05-1059192

Applied For

Not Applicable

Zip

Country

Zip

Country

33433

USA

33433

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MALLETT, LAURA FAULSTICH
 6213 GOLF VISTA WAY
 BOCA RATON FL 33433**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
 NAME **LAURA FAULSTICH-MALLETT**
 STREET ADDRESS **6213 GOLF VISTA WAY**
 CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
 NAME **LAURA FAULSTICH-MALLETT**
 STREET ADDRESS **6213 GOLF VISTA WAY**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
 NAME **LAURA FAULSTICH-MALLETT**
 STREET ADDRESS **6213 GOLF VISTA WAY**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ 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 **Laura Mallett**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-08-01 **561-852-1744**
 Date Daytime Phone #

CR2E034 (5/01)