
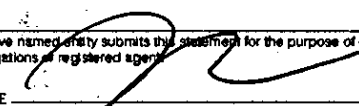



**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000105183		
1. Entity Name FOLDER MARKETING GROUP, INC.		
Principal Place of Business 420 GOLDEN GATE POINT #10 SARASOTA, FL 34236		Mailing Address 420 GOLDEN GATE POINT #10 SARASOTA, FL 34236
2. Principal Place of Business 1273 PORT LANE Suite, Apt. #, etc.		3. Mailing Address 1273 PORT LANE Suite, Apt. #, etc.
City & State SARASOTA, FL		City & State SARASOTA, FL
Zip 34242	County SARASOTA	4. FEI Number NONE
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input checked="" type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent BROWNING, ROBERT W. ESQ. 1800 SECOND ST STE 800 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Thomas B. Luzier Esq. Street Address (P.O. Box Number is Not Acceptable) 3400 S. TAMiami Tr. Suite 202 City Sarasota FL Zip 34239
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE  <small>(Signature, typed official name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when stepping out)</small>		Date 8/26/03
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME WALLACE, J. DONALD <input type="checkbox"/> Delete STREET ADDRESS 490 GOLDEN GATE POINT #10 CITY-ST-ZIP SARASOTA, FL 34236		TITLE NAME 1273 PORT LANE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS SARASOTA, FL 34242 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  J. DONALD WALLACE		Date 8/26/03 (941) 349-9041

CR2034 (10/02)

Attachment #

801431075
P00000105183

TO:

FLORIDA DEP'T OF STATE
DIVISION OF CORPORATIONS

FROM:

J. DONALD WALLACE, PRES.
FOLDER MARKETING GROUP, INC.
DOCUMENT # P00000105183

DATE: 8-26-03

DEAR FL. DEP'T OF STATE,

I DID NOT RECEIVE THE UBR
FORM FROM THE STATE. I HEREBY
RESPECTFULLY REQUEST THAT THE
\$400. PENALTY BE WAIVED. PLEASE
FIND ENCLOSED A FILLED-OUT
UBR WITH THE \$158.75 FILING
FEE. IF ANY QUESTIONS, PLEASE
CALL ME AT (941) 349-9041.

SINCERELY,



J. DONALD WALLACE
PRES.
FOLDER MARKETING GROUP, INC.