2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State
03-18-2002 90060 012 ***150.00

DOCUMENT # **P01000007655**

1. Entity Name
4-SIGHT MARKETING, INC.

Principal Place of Business	Mailing Address
433 E TARPON AVENUE TARPON SPRINGS FL ~~34688~~	~~433 E TARPON AVENUE~~ ~~TARPON SPRINGS FL 34688~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	P.O. Box 639
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Tarpon Springs, FL
Zip: 34689 / Country:	Zip: 34688 / Country:

4. FEI Number: 59-3691680 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SWOPE, SCOTT P ESQ
~~1245 COURT STREET SUITE 102~~
~~CLEARWATER FL 34686~~

2555 Enterprise Road
P.O. Box 16892
Clearwater, FL 33763

7. Name and Address of New Registered Agent

Name: Swope, Scott P. Esq
Street Address (P.O. Box Number is Not Acceptable): 2555 Enterprise Road
P.O. Box 16892
City: Clearwater **FL** Zip Code: 33763

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, 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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RAMSAY, PATRICK	NAME	
STREET ADDRESS	~~433 E TARPON AVENUE~~ P.O. Box 639	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL ~~34688~~ 34688 ok	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	POIRIER, SUSAN	NAME	
STREET ADDRESS	~~433 E TARPON AVENUE~~ P.O. Box 639	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34688	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Poirier   Susan Poirier   727-938-3313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #