

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

DOCUMENT # **PO1000042871**

1. Entity Name

MAUREN MARKETING SERVICES INC.

FILED

02 NOV 20 AM 10:19

SEC. OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

91-9TH STREET

Suite, Apt. #, etc.

3. Mailing Address

91-9TH STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BONITA SHORES FL

City & State

BONITA SHORES FL

4. FEI Number

59371590

Applied For

Not Applicable

Zip Country

34134 COLLIER

Zip

Country

34134 COLLIER

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GLENN J BALLENGER

Street Address (P.O. Box Number is Not Acceptable)

1072 GOODLETTE ROAD NORTH

City

NAPLES

FL

Zip Code

34102

**DO NOT WRITE
IN THIS SPACE**

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)

X

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT/DIRECTOR/
MICHAEL V MAUREN
91-9TH STREET
BONITA SHORES FLORIDA
34134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**100009101321
11/20/02--01031--013 **150.00**

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL V MAUREN 6512602398

Daytime Phone #

CR2E034B (12/01)

11/14/02

Thankyou for
forwarding the form to
reapply. I was not in
possession of the necessary
papers as I had not
received them prior to
this. Thankyou once again
for your consideration
Mike Mauren