

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90433 028 \*\*\*150.00

DOCUMENT # **P01000042871**

1. Entity Name

**MAUREN MKTG SERVICES  
INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**P.O. Box 10881**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 10881**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**WHITE BEAR LAKE MN**

City & State

**WHITE BEAR LAKE MN**

4. FEI Number

**593715190**

Applied For

Not Applicable

Zip

**55110 WASHINGTON**

Country

Zip

**55110 WASHINGTON**

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**GLENN J. BAILEY**

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

**1072 GOODLETTE ROAD NORTH**

City

**NAPLES**

FL

Zip Code

**34102**

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.

**REVISED ADDRESS ONLY, AGENT REMAINS AS LISTED**

SIGNATURE

*Michael V. Mauren*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PRESIDENT/DIRECTOR  
MICHAEL V MAUREN  
P.O. Box 10881**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**WHITE BEAR LAKE  
MN 55110**

TITLE  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael V. Mauren*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02  
Date

651 260 2398  
Daytime Phone #

CR2E034B (12/02)