

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90141 020 \*\*\*150.00

**DOCUMENT # P01000064151**

1. Entity Name  
**HJNL MARKETING, INC**

Principal Place of Business  
**3443 PERIDOT LANE**  
**ZEPHYRHILLS FL 33540**

Mailing Address  
**3443 PERIDOT LANE**  
**ZEPHYRHILLS FL 33540**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**8374 MARKET ST**  
 Suite, Apt. #, etc.  
**#185**

3. Mailing Address  
**8374 MARKET ST**  
 Suite, Apt. #, etc.  
**#185**

City & State  
**BRADENTON FL**

City & State  
**BRADENTON, FL**

4. FID Number  
**59-3728099**

Applied For  
 Not Applicable

Zip  
**34202**

Country  
**MANATEE**

Zip  
**34202**

Country  
**MANATEE**

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

**6. Name and Address of Current Registered Agent**

**HOLDERNESS, NANCY L**  
**3443 PERIDOT LANE**  
**ZEPHYRHILLS FL 33540**

*Address  
 check only*

**7. Name and Address of New Registered Agent**

Name **HOLDERNESS, NANCY L.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8374 MARKET ST #185**  
 City **BRADENTON** FL **34202**

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 *Nancy L. Holderness*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7-16-02**

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 13, 2002 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**

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HOLDERNESS, NANCY L</b><br><b>3443 PERIDOT LANE</b><br><b>ZEPHYRHILLS FL 33540</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HOLDERNESS, H J</b><br><b>3443 PERIDOT LANE</b><br><b>ZEPHYRHILLS FL 33540</b>     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>8374 MARKET ST #490</b><br><b>BRADENTON, FL 34202</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>8374 MARKET ST #490</b><br><b>BRADENTON, FL 34202</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |  |

CR2E034 (4/02)

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: *Nancy L. Holderness*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7/16/02** DAYTIME PHONE # **941-713-3699**

*Attachment*

HJNL Marketing Inc.  
8374 Market Street #185  
Bradenton FL 34202

*675180*

*#Pd/000064151*

July 16, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

Re: UBR for HJNL Marketing Inc.  
59-3728099

The attached report is the first the corporation has received. All other corporate mail has been received at our 3443 Peridot Lane address and new mail has been received at our new corporate address which appears on the UBR under item 7.

Since the first report was not received by this corporation we are requesting that the late fee be waived. We are submitting our original \$150.00 filing fee with this report. These are the directions contained under "Frequently Asked Questions" accompanying the report.

Please advise if this is not correct..

Thank you.

HJNL Marketing Inc.

*Nancy L. Holderness*  
Nancy L. Holderness  
President