## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT#** 

P01000078804

1. Entity Name



May 05, 2003 8:00 am Secretary of State 05-05-2003 90142 027 \*\*\*150.00

**FILED** 

MAINSTREAM MARKETING SOLUTIONS, INC.					
Principal Place of Business 750 FENTRESS BLVD DAYTONA BEACH FL 32114	Mailing Address 750 FENTRESS BLVD DAYTONA BEACH FL 32	114			
2. Principal Place of Business	3. Mailing Address				
	Willing redicte				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State	City & State		4. FEI Number 59-3737092	Applied For Not Applicable	
Zip Country	Zip	Country		75 Additional Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name		
ROST, SCOTT R  444 SEABREEZE BLVD. SUITE 800 DAYTONA BEACH FL 32118  8. The above named entity submits this statement the obligations of registered agent.  SIGNATURE Signature, typed or printed name of registered agent.  FILE NOW!!! FEE IS \$150.00	e PRESIDENT	Street Ac	gistered agent, or both, in the State of Florida. I am familia 4-30-03 equired when reinstating)  DATE	Tip Code 32114 ar with, and accept	
After May 1, 2003 Fee will be \$550. Make Check Payable to Florida Departmen	•		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
<del></del>	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRE		
NAME STREET ADDRESS CITY-ST- ZIP  D SASSER, DAVID A 750 FENTRESS BLVD DAYTONA BEACH FL 32114	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LJ (	Change [] Addition	
TITLE  NAME STREET ADDRESS CITY-ST-ZIP -  DAYTONA-BEACH-FL 32114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kurt Liebetrau 150 Fentress Blyd. Daytowa Berch, Fl 32114	Change 🔀 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	

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 leport 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 of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or changed, or on an attachment with

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

☐ Delete

□ Change

Change

Addition

Addition