

05-24-2002 91330 003 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000108244
 1. Entity Name
AKA Marketing and Consulting, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19535 GOLF BLVD
 Suite, Apt. #, etc.
C

3. Mailing Address
19535 GOLF BLVD.
 Suite, Apt. #, etc.
C

DO NOT WRITE IN THIS SPACE

City & State
Indian Shores, FL
 Zip
33785
 Country
USA

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Indian Shores, FL
 Zip
33785
 Country
USA

4. FEI Number
59-3755233
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Kenneth G. Arsenault, Jr
 Street Address (P.O. Box Number is Not Acceptable)
10225 Ulmer Road
Suite 2
 City
Largo FL Zip Code
33771

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)

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	<u>President</u> <u>Amy K. Auerbach</u> <u>19535 GOLF BLVD. # C</u> <u>Indian Shores, FL 33785</u>
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DO NOT WRITE IN THIS SPACE

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

Amy K. Auerbach

Date

Daytime Phone #

5/1/02 727-596-0700

CR2E034B (12/01)