## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 03, 2002 8:00 am Secretary of State

	UNIFORM BUSINE	Secretary of State						
DOCUMENT # POLON 112077						06-03-2002 911	96 037 ***150.00	)
1. Entity N	Name		4 4					
5	efficient Marketing an	d Manageme	nt					
Se	rvius, Inc.	•						
	DO NOT WOITE	IN THE C		_				
	DO NOT WRITE	114 1 HIS S	SPACE					
2. Princina	al Place of Business	T						
3. Mailing Address Same					1			
Suite, Apt. #, etc.						DO NOT MOITE IN TH	10.004.05	
Solite, Apr. #, etc.  SAME  City & State					DO NOT WRITE IN THIS SPACE			
Scrasota, FL Same					4. FEI Number		Applied Fo	ЭГ
Zip Country Zip			Country		59-37	59525	Not Applica	able
342	30				5. Certificate of S	tatus Desired	\$8.75 Additional	1.
÷				7	. Name and Addr	ess of Current Register	red Agent	
	DO NOT W	DITE		Corpor	1.			
OD NOT WRITE IN THIS SPACE				Street Address (P.D. Box Number is Not Agceptable)				
				1201 Hays Street				
			ŀ	City Talla	hassee	F	L Zip Code 32301 · 25	
8. The abov	ve named entity submits this statement for t	he purpose of changing it	ts registered o	office or registered	d agent, or both, in	the State of Florida	<u> </u>	320
					_			
SICNATURE	Signature, typod or printed name of registered agent and	tute if applicable. (NO	TF: Registered Acc	ent signature required w				
9. This corr	poration is eligible to satisfy its Intangible	January 1 -			nen reinstating)	DATE		
Tax filing	requirement and elects to do so.	After May	v 1. Fee is \$	550.00	10. Election	Campaign Financing	55.00 May Be	
(See crit	eria on back)	Amende Make Check Paya	ed UBR is \$0 ble to Dena	61.25 ctment of State	Trust Fu	nd Contribution.	Added to Fees	e
11	OFFICERS AND DI	RECTORS				·		
TITLE NAME	DIP		TITLE					ᅱᇎ
STREET ADDRESS	3 Luhrsen, Ictirey A	1 - 1 -	NAME					12/0
CITY-ST-ZIP	200 S. Washington Blue Sarasota Fr 3423	lo Suite	STREET AD					9
TILE	DIS	<u> </u>	TITLE	,ir		·	·	CR2E034B (12/01)
IAME	Luhrsen, Julie S.		NAME					1 22
TREET ADDRESS	LOOD 2' MORZHINA LEAF OF	ud Suite 2	STREET AD	<u> </u>				0
TILE	Sarasota FL 347	236	CITY-ST-Z	TIP .				
AME	Bower, Mathew I.		NAME		بنيات حدد است			= -
treet address	200 S. washington Blud	Suite Z	STREET ADI	DRESS		·		
ITY-ST-ZIP	200 S. Washington Blud Sarasota, FL 34236		CITY-ST-Z	IP	DO	NOT WR	ITE	
ITLE Ame			TITLE			<del></del>		ᅴ
reet address			NAME	2050	117	HIS SPA	CE	
TY-ST-ZIP			STREET ADI					
TLE			TITLE					_
ME			NAME					
REET ADDRESS TY-ST-ZIP			STREET ADD	1				
TLE	•	<u>-</u> -	CITY-ST-ZI	P	<del> </del>			[
IME			TITLE -				- <del></del> -	$\neg$
REET ADDRESS			STREET ADD	PRESS				
TY-ST-ZIP			CITY-ST-ZIF	P				
3. I hereby o	certify that the information supplied with this	filing does not qualify for	the exemptio	n stated in Sectio	n 119.07(3)(i), Flori	da Statutes, I further cer	tify that the information	
indicated	OH BIRDON OF AUGUIERDED A LEDOUR 16 WH							
of the cor attachme	poration or the receiver or trustee empowers with an address, with all other ice and address.	e and accurate and that need to execute this repor	ny signature s it as required	hall have the sam by Chapter 607, i	ie legal effect as if r Florida Statutes; an	made under oath; that I a d that my name appear	am an officer or director in Block 11 or on an	
of the cor attachmen	certify that the information supplied with this on this report or supplemental report is tru- poration or the receiver or trustee empowent with an address, with all other like empoyen the control of th	e and accurate and that he ered to execute this repor pered.	ny signature s it as required	hall have the sam by Chapter 607, i	ie legal effect as if r Florida Statutes; an	made under oath; that I a d that my name appear	am an officer or director s in Block 11 or on an	