2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P01000119647

1. Entity Name

KEN ACKERMAN MARKETING, INC.



FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90186 014 ***150.00

CHECK HERE IF MAKING CHANGES

Principal Place of Business

2. Principal Place of Business

18315 OXENHAM AVE SPRING HILL FL 34610 Mailing Address

3. Mailing Address

18315 OXENHAM AVE SPRING HILL FL 34610

ppin	7 15111	3 1/14 9	HOM	71. 2025991)
City & State	FIORIda	City & State	1011dz	4. FEMSumber APPLIED: FOR	Applied For Not Applicable
3461	O USA	34610	Country SA		\$8.75 Additional Fee Required
• •	6. Name and Address of Current R	egistered Agent	N	7. Name and Address of New Registered A	Agent
ACKEDIAN	AL MEN	ب درسیون جده	Ken	ACKEIMON	
ACKERMAI			Street Address	s (P.O. Box Number is Not Acceptable)	pus
	NHAM AVE	<i>y</i>	182	51 0xennon	13 02.
SPHING HI	LL FL 34610				
			City PY	579 14611 FL	Zio Code
•	named entity submits this statement for tooks of registered agent.	the purpose of changing its re	egistered office or regist	tered agent, or both, in the State of Florida. 🗏 am f	amiliar with, and accept
g	Alu MAR	12 and 12		アラカ フ/:	2003
SIGNATURE _	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signature requi	0 0 0	
	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing	\$5.00 May Be
	Payable to Florida Department of S	State		Trust Fund Contribution.	Added to Fees
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11
	DPST	☐ Delete		057	Change Addition
	ACKERMAN, KEN		NAME 19	ckapman, Ken	
	18315 OXENHAM AVE			281082192076	(10
	SPRING HILL FL 34610		CITY-ST-ZIP	MAG 14611, 12L 346	970
,,,,,,	V	☐ Delete	TITLE NAME	1947 ex, Norch L.	Change Addition
	LAUGHTER, MACIA L 18315 OXENHAM AVE		STREET ADDRESS 18	251 Oxenham AL	no .
	SPRING HILL FL 34610		CITY-ST-ZIP	Pring Hill PL 740	610
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TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE		Change Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
indicatéd d	on this report or supplemental report is to	rue and accurate and that my	/ signature shall have th	Section 119.07(3)(i), Florida Statutes. I further cert e same legal effect as if made under oath; that I a 07, Florida Statutes; and that my name appears in	ım an officer or director