

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **9-0200009642**



1. Entity Name

Certified Medical Marketing, Inc

03 NOV -3 AM 10:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4430 Eastport Parkway

3. Mailing Address
P.O. Box 291074

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2

City & State
Port Orange, FL

City & State
Port Orange, FL

4. FEI Number
010583755

Apply For
☒ Not Applicable

Zip
32127

Country
USA

Zip
32129

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Karen Spencer**

Street Address (P.O. Box Number is Not Acceptable)

121 Wimbledon Court

City **Port Orange**

FL Zip Code
32127

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

Signature of, typed or printed name of registered agent if not a signatory.

(NOTE: Registered Agent's signature required when reinstating)

DATE

700024382437
11/03/03--01073--012 **150.00

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**President
Karen Spencer
4430 Eastport Parkway
Port Orange, FL 32127**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen Spencer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0346 (12/02)

121 Wimbledon Court
Port Orange, Fla
32127

October 31, 2003

In regards to: Annual Report

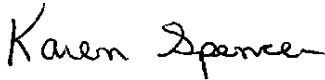
—Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Madam or Sir:

On October 31, 2003 it was brought to our attention that Certified Medical Marketing was listed as Status-Inactive on the Sunbiz.org Public Inquiry website due to not filing an Annual Report. Upon investigation of the website, it was noted that the mailing address of the corporation was incorrectly shown as 1635 Ridgewood Ave., Ste 225, S. Daytona, Fl., 32119. Certified Medical Marketing moved from that address to 4430 Eastport Parkway, Port Orange, Fla., 32127 on December 23, 2002 and therefore did not receive a renewal notice.

Attached is a check for \$150.00 and a signed UBR form to cover the Annual Report Filing. If further information is required, please advise me at 386-760-7004.

Sincerely,



Karen Spencer