2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/31/2003-90070-029-\$150.00-\$150.00 04 MAR -5 PH 12: 34 P02000023307 DOCUMENT # MISSION MARKETING ASSOCIATES, INC. SEGNETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 10006-LONGWOOD-DRIVE 10606 LONGWOOD DRIVE ADDRESS B102~ 8102-CHANGE LARGO FL-3377 LARGO EL 33777 2. Principal Place of Business 3. Mailing Address 1980 LAKE ALLEN DR REM SICHACHIERS WEEKING CHANGES 3-00 Suite, Apt. #, etc Suite, Apt. #, etc. City & State Applied For 02-0572716 ARGO Not Applicable Country US Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZAMPARELLI, ALFRED L Street Address (P.O. Box Number is Not Acceptable) 10606 LONGWOOD DRIVE 11980 CAME ALLEN Dr 8102 LAKGO, FL 33773 LARGO-FL 33777 Zip Code 8. The above named entity submits this statement for the purpose of changing its prostered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 12 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/02) TITLE TITLE ☐ Addition Delete ZAMPARELLI, ALFRED L ' ALFRED L'ZAMPALELL NAME NAME 10608 LONGWOOD DRIVE STREET ADDRESS STREET ADDRESS 11980 LAKE ALLEN DY **LARGO FL 33777** CITY-ST-ZIP CITY-ST-71P LARGO, FL 33773 ☐ Delete ☐ Change TITLE TITLE Addition ETTALEAN A. ZAMPAREZLI ZAMPARELLI, ETTALEAN A NAME NAME 11980 LAKE ALLEN DR 10606 LONGWOOD DRIVE B102 STREET ADDRESS STREET ADDRESS CITY-ST-7IP LARGO FL 33777 CITY-ST-ZIP LARGO FL 33773 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP Change TITLE Defete me. 000029962 NAME NAME 03/05/04--01064--004 **750.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Celete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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 is execute his report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachinger with as address, with an other like empowered. Date Daytime Phone