

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90182 041 ***150.00

DOCUMENT # P02000056086

1. Entity Name
EF-MARKETING, INC.



Principal Place of Business
**7905 SW 102ND AVE.
GAINESVILLE FL 32608**

Mailing Address
**7905 SW 102ND AVE.
GAINESVILLE FL 32608**

2. Principal Place of Business

3. Mailing Address

P.O. Box 140096

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

4. FEI Number

27 0028296

Applied For

Not Applicable

Zip

Country

Zip

Country

32614

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOX, ELIZABETH
7905 SW 102ND AVE.
GAINESVILLE FL 32608**

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete
NAME **ELIZABETH FOX**
STREET ADDRESS **7905 SW 102nd AVE**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **President** ☐ Change ☒ Addition
NAME **ELIZABETH FOX**
STREET ADDRESS **7905 SW 102nd AVE**
CITY-ST-ZIP **GAINESVILLE, FL 32614**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ELIZABETH FOX**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03

Date

352-495-4612

Daytime Phone #

CR2E034 (10/02)