

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

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90040 021 ***150.00

DOCUMENT # *0020000072421*

1. Entity Name *FIRST CHOICE MARKETING INC*
ABA H+L MARKETING, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

930 ORANGE ST.
Suite, Apt. #, etc.

3. Mailing Address

930 ORANGE ST.
Suite, Apt. #, etc.

94060230

DO NOT WRITE IN THIS SPACE

City & State

ST. AUGUSTINE FL.

City & State

ST. AUGUSTINE

4. FEI Number

04-3699234

Applied For

Not Applicable

Zip

32084

Country

Zip

FL

Country

U.S.A.

5. Certificate of Status Desired

Not Applicable \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

RICHARD JENIS

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

930 ORANGE ST.

City

ST. AUGUSTINE

FL

Zip Code

32084

**DO NOT WRITE
IN THIS SPACE**

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

4.16.04

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
GEORGE JEAN, PRES.
930 ORANGE ST.
ST. AUGUSTINE FL-32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
RICHARD JENIS
1601 OCEAN BL S.
JACKSONVILLE FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ARNIE JENIS
VICE PRES
1601 OCEAN BL S
JACKSONVILLE FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.16.04 *904.219.7600*

CR2E034B (12/02)