

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90121 013 ***150.00

DOCUMENT # P02000078416

1. Entity Name

MAIN STREET MARKETING OF ORLANDO, INC.



Principal Place of Business

11 NORTH SUMMERLIN AVE., STE. 110
ORLANDO FL 32801

Mailing Address

11 NORTH SUMMERLIN AVE., STE. 110
ORLANDO FL 32801

2. Principal Place of Business

9446 GRAYSTONE LANE

Suite, Apt. #, etc.

3. Mailing Address

9446 GRAYSTONE LN.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32817

Country

ORANGE

Zip

32817

Country

ORANGE

4. FEI Number

45-0483267

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DYMOND, WILLIAM T JR.
215 NORTH EOLA DR.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STARK, SAM | |
| STREET ADDRESS | 11 NORTH SUMMERLIN AVE., STE. 110 | |
| CITY-ST-ZIP | ORLANDO FL 32801 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CANTWELL, CHRIS | |
| STREET ADDRESS | 11 NORTH SUMMERLIN AVE., STE. 110 | |
| CITY-ST-ZIP | ORLANDO FL 32801 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAM STARK | |
| STREET ADDRESS | 505 WESTMINSTER ST | |
| CITY-ST-ZIP | ORLANDO, FL 32803 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHRIS CANTWELL | |
| STREET ADDRESS | 1828 MAPLE LEAF DRIVE | |
| CITY-ST-ZIP | ORLANDO WINDERMERE, FL 34786 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E034 (10/02)

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:

SIGNATURE REQUIRED
CHRIS CANTWELL

2/20/03

407-4687443

Date

Daytime Phone #