

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90278 036 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000082774

1. Entity Name
MARKETING 4 AFFILIATES.COM, INC.



Principal Place of Business
2695 GREEN BRIAR DRIVE
WELLINGTON, FL 33414

Mailing Address
2695 GREEN BRIAR DRIVE
WELLINGTON, FL 33414

11013912



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
90-6044974

Applied For
☐ Not Applicable

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRAUTMAN, RONALD
12050 NW 3RD DRIVE
CORAL SPRINGS, FL 33071

Name
RONALD TRAUTMAN

Street Address (P.O. Box Number is Not Acceptable)
2695 GREEN BRIAR DRIVE

City
WELLINGTON

FL Zip Code
33414

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

RONALD TRAUTMAN

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

4/21/03
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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**PTS
TRAUTMAN, RONALD
2695 GREENBRIAR DRIVE
WELLINGTON FL 33414**

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 another like empowered.

SIGNATURE:

RONALD TRAUTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03
Date

954-729-8883
Daytime Phone #

CR2E034 (10/02)