## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED **DOCUMENT # P32759** Jan 20, 2000 8:00 am **Secretary of State** THE MARKETING RESOURCE GROUP, INC. 01-20-2000 90221 036 \*\*\*150.00 Principal Place of Business Mailing Address 2514 HOLLYWOOD BLVD. 2514 HOLLYWOOD BLVD. SUITE 407 SUITE 407 HOLLYWOOD FL 33020-6634 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 36-3446464 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAUTIGAN, MARIE HOVERSEN Street Address (P.O. Box Number is Not Acceptable) 2514 HOLLYWOOD BLVD. SUITE 407 HOLLYWOOD FL 33020 Zip Code City 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. 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 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CVS TITLE Change ☐ Addition TITLE Delete NAME HAUTIGAN, WILLIAM J. NAME Ċ, STREET ADDRESS 2514 HOLLYWOOD BLVD., SUITE 407 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Addition ☐ Change ☐ Delete TITLE HAUTIGAN, MARIE HOVERSEN NAME STREET ADDRESS STREET ADDRESS 2514 HOLLYWOOD BLVD., SUITE 407 CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL ☐ Change Addition ☐.Delete 👡 🖘 بىيىنىد سىيەTD. TITLE ~ ~. HAUTIGAN, WILLIAM J. NAME NAME STREET ADDRESS STREET ADDRESS 2514 HOLLYWOOD BLVD., SUITE 407 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wallaction GROWN J. Haytigan 1-13-00 954-925-5554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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