

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

0010562 AT

**DOCUMENT # P92000001779**

1. Entity Name

**NATIONAL MARKETING, SALES & SERVICE, INC.**

03-11-2002 90088 043 \*\*\*150.00

Principal Place of Business

~~21420 GOSIER WAY~~  
~~BOCA RATON FL 33428~~  
~~US~~

Mailing Address

~~21420 GOSIER WAY~~  
~~BOCA RATON FL 33428~~  
~~US~~

*C/O MARC GAYLORD, P.A. C/O MARC GAYLORD, P.A.*

2. Principal Place of Business

**9307B SE OLYMPUS ST**

3. Mailing Address

**9307B SE OLYMPUS ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**HOBBS SOUND, FL**

City & State

**HOBBS SOUND, FL**

4. FEI Number

**65-0403432**

Applied For

Not Applicable

Zip

**33455**

Country

**USA**

Zip

**33455**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GOULD, MARILYN**  
**21420 GOSIER WAY**  
**BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name

**MARC GAYLORD, ESQ.**

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

**9307-B SE OLYMPUS ST**

City

**HOBBS SOUND**

FL

Zip Code

**33455**

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

*MARC GAYLORD*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/21/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input checked="" type="checkbox"/> Delete
NAME	<del>GOULD, MARILYN</del>	
STREET ADDRESS	<del>21420 GOSIER WAY</del>	
CITY-ST-ZIP	<del>BOCA RATON FL</del>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PSTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRIAN GOULD</b>	
STREET ADDRESS	<b>C/O MARC GAYLORD, 9307B SE OLYMPUS ST</b>	
CITY-ST-ZIP	<b>HOBBS SOUND, FL 33455</b>	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Brian Gould*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-22-02**

Date

**480-251-6504**

Daytime Phone #

CR2E04 (9/01)