## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Apr 06, 2000 8:00 am Secretary of State DOCUMENT # P92000013468 1. Entity Name 🕱 04-06-2000 90010 041 \*\*\*150.00 MARKETING PERSPECTIVES INCORPORATED Principal Place of Business Mailing Address X 2441 XCXANIDX BOM OF OID XDDX 1 X XXX & ANYDLE WADIO DOXXXX X LANGLAMB YE X3801342682X LYKENYYWYYY XYWYYY A0033660 NOTE: CHANGE OF ADDRESS 2. Principal Place of Business 3. Mailing Address 7103 PRESTWICK COURT 7103 PRESTWICK COURT DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3168941 SARASOTA, FLORIDA SARASOTA, FLORIDA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired MANATEE Fee Required 34201 MANATEE 34201 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LIENTZ, RICHARD L SR Street Address (P.O. Box Number is Not Acceptable) XD24X XXAMBKEW/OXBXXR 7103 PRESTWICK COURT XLANELANDX FILX336X8XX SARASOTA, FLORIDA 34201 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agen n the State of Florida. SIGNATURE RICHARD L. LIENTZ Signature, typed or printed name of registered agent and title if applicable. istatino) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Ch ☐ Addition DITE Delete TITLE LIENTZ, RICHARD L SR. NAME NAME STREET ADDRESS 1241 CANDLEW GOD DRIVE STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP **LAKEVAND**XXX X X Change ☐ Addition ☐ Delete TIT! F TITLE LIENTZ, RICHARD L SR. 7103 PRESTWICK COURT NAME STREET ADDRESS STREET ADDRESS SARASOTA, FLORIDA 34201 CITY-ST-ZIP CITY-ST-ZIP Addition Change - -- Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITL F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 stall 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.

3/31/2000

Date

941-355-7595

Davnme Phone #