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03/31/01

941-355-7595

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

Mar 28, 2001 8:00 am DOCUMENT # P92000013468 **Secretary of State** MARKETING PERSPECTIVES INCORPORATED 03-28-2001 90206 011 ***150.00 Principal Place of Business Mailing Address 7103 PRESTWICK COURT 7103 PRESTWICK COURT 733940 SARASOTA FL 34201 SARASOTA FL 34201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3168941 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LIENTZ, RICHARD L SR Street Address (P.O. Box Number is Not Acceptable) 7103 PRESTWICK COURT SARASOTA FL 34201 Zip Code City or registered agent for both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered effice RICHARD L. LIENTZ SR. MARCH 31.2001 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 .9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 CR2E034 (10/00) TITLE ☐ Delete TITLE Addition **PRESIDENT** LIENTZ, RICHARD L NAME NAME LIENTZO RICHARD L. XD2AX XIZANEK EKAKAI BADRIMEX STREET ADDRESS STREET ADDRESS 7103 PRESTWICK COURT CITY-ST-ZIP CITY-ST-ZIE SARASOTA, FLORIDA 34201 TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change THILE - Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME 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