

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90821 024 ***150.00

DOCUMENT # P92000013468

1. Entity Name
MARKETING PERSPECTIVES INCORPORATED



Principal Place of Business
**7103 PRESTWICK COURT
SARASOTA FL 34201**

Mailing Address
**7103 PRESTWICK COURT
SARASOTA FL 34201**

2. Principal Place of Business
741 Eagle Point Drive
Suite, Apt. #, etc.

3. Mailing Address
741 Eagle Point Drive
Suite, Apt. #, etc.

City & State
Venice, FL

City & State
Venice, FL

4. FEI Number **59-3168941**

Applied For
Not Applicable

Zip Country
34292 U.S.A.

Zip Country
34292 U.S.A.

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

6. Name and Address of Current Registered Agent

**LIENTZ, RICHARD L SR
7103 PRESTWICK COURT
SARASOTA FL 34201**

7. Name and Address of New Registered Agent

Name **Lientz Richard L. SR**
Street Address (P.O. Box Number is Not Acceptable)
741 Eagle Point Drive
City **Venice, FL** Zip Code **34292**

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 **Richard Lientz Sr. President**
Signature, typed or printed name of registered agent and valid if applicable (NOTE: Registered Agent signature required when reinstating)

April 29, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIENTZ, RICHARD L 7103 PRESTWICK COURT SARASOTA FL 34201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **4-29-03 941-486-1117**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)