

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000015299

1. Entity Name

MAIN GATE MARKETING, INC.

FILED**Jul 11, 2000 8:00 am**
Secretary of State

07-11-2000 90001 039 ***150.00

R

Principal Place of Business

Mailing Address

7512 DR. PHILLIPS BLVD., SUITE 50163
ORLANDO FL 32819
US7512 DR. PHILLIPS BLVD., SUITE 50163
ORLANDO FL 32819-5131
US

2. Principal Place of Business

8984 EASTERLING DRIVE

3. Mailing Address

8984 EASTERLING DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3167899

Applied For

Not Applicable

Zip

32819

Country

US

Zip

32819

Country

US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MULLETT, MARK S
2315 WINDING RIDGE AVE., N.
KISSIMEE FL 32741

Name

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

8984 EASTERLING DRIVE

City ORLANDO

FL

Zip Code 32819

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME MULLETT, MARK
STREET ADDRESS 7512 DR. PHILLIPS BLVD, SUITE 50163
CITY-ST-ZIP ORLANDO FLTITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 8984 EASTERLING DRIVE
CITY-ST-ZIP ORLANDO, FL 32819TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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)(l), 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK MULLETT

Date

Daytime Phone #

3/27/00: P01:05:4

CR2E034 (9/99)