

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000026982

1. Entity Name

SALES & MARKETING RESOURCES, INC.

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90044 018 ***150.00

Principal Place of Business

Mailing Address

15011 BRIDGEWAY LANE
101
FORT MYERS FL 33919
US

8750-11 GLADIOLUS DR #152
FORT MYERS FL 33908

2. Principal Place of Business

14811 CRYSTAL COVE COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
1104

City & State

FORT MYERS, FL

City & State

4. FEI Number

65-0482698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEVINGTON, DOROTHY G
13235 WHITE HAVEN LANE, #1007
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name

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

14811 CRYSTAL COVE COURT #1104

City

FORT MYERS

FL

Zip Code

33919

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

Dorothy G Bevington

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/00

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
BEVINGTON, DOROTHY G
13235 WHITE HAVEN LANE # 1007
FORT MYERS FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
14811 CRYSTAL COVE COURT #1104
FORT MYERS, FL 33919 ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
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CITY-ST-ZIP ☐ Change ☐ Add

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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:

Dorothy G Bevington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/00

Daytime Phone #

941-415-5518