

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000027158

1. Entity Name

TARGET MARKETING ENTERPRISES, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90036 050 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 140153
ORLANDO FL 32814-0153

P.O. BOX 140153
ORLANDO FL 32814-0153

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3237454

Applied For

Not Applicable

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

SWEENEY, KEVIN R
31 GALE LANE
ORMOND BEACH FL 32174

Name

KEVIN A. LARE

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

1278 TIMBERLAUD TR

City

ALTAMONTE SPRINGS

FL

Zip Code

32714

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

Kevin A. Lare

KEVIN A. LARE

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 State

10. 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	VTD	<input checked="" type="checkbox"/> Delete
NAME	HADDOCK, STEVEN J	
STREET ADDRESS	1935 CRESCENT ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	SWEENEY, KEVIN R	
STREET ADDRESS	31 GALE LANE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARE, KEVIN A	
STREET ADDRESS	1278 TIMBERLAND TR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN R. SWEENEY	
STREET ADDRESS	31 GALE LANE	
CITY-ST-ZIP	ORMOND BEACH, FL	
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN A. LARE	
STREET ADDRESS	1278 TIMBERLAND TR	
CITY-ST-ZIP	ALTAMONTE SPRGS, FL 32714	
TITLE	VO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN RUSH	
STREET ADDRESS	176 Tim-Tam Ct	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

Kevin A. Lare

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

407-245-7838

Daytime Phone #

CR2E034 (9/99)