## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P94000071931 Feb 29, 2000 8:00 am **Secretary of State** FOX MARKETING GROUP, INC. 02-29-2000 90126 041 \*\*\*150.00 Mailing Address Principal Place of Business 4460 HODGES BLVD 4460 HODGES BLVD JACKSONVILLE FL 32250-1802 JACKSONVILLE FL 32224 2. Principal Place of Business 3. Mailing Address 4138 TIDEVIEW DR. 4138 TIDEVIEW DR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. Applied For 4. FEI Number 65-0528452 TACKSONVILLE, FL Not Applicable JACKSON VILLE, FL \$8.75 Additional 5. Certificate of Status Desired USA 32250 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent . PEPER, JR RICHARO C O'NEILL, ÈUGENE Street Address (P.O. Box Number is Not Acceptable) 979 BEACH LAND BLVD. VERO BEACH FL\32963 Zip Code 32257 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 2-1-00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE TITLE ☐ Delete MICHAEL T. FOX FOX, CHARLES B NAME NAME 705 MARSH COVE PL. STREET ADDRESS 1825 TARPON LANE, H-102 STREET ADDRESS PONTE VEDER BEALH,FL. 32082 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 ☐ Addition PD Change ☐ Dekte TITLE HARLES BIFOX NAME FOX, CHARLES B. NAME 4138 TIDEVIEW DR. STREET ADDRESS 1825 TARPON LANE, H-102 STREET ADDRESS TACKSONVILLE, FL 32250 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.