

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State
 02-24-2002 90038 044 ***150.00

DOCUMENT # P94000071931

1. Entity Name
FOX MARKETING GROUP, INC.

Principal Place of Business
4138 TIDEVIEW DR
JACKSONVILLE BEACH FL 32250
US

Mailing Address
4138 TIDEVIEW DR
JACKSONVILLE BEACH FL 32250
US

2. Principal Place of Business
1582 STOCKTON DR.
 Suite, Apt. #, etc.

3. Mailing Address
1582 STOCKTON DR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
GREEN COVE SPRINGS, FL
Zip
32043
Country
USA

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GREEN COVE SPRINGS, FL.
Zip
32043
Country
USA

4. FEI Number **65-0528452** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

PEPER, RICHARD C JR
3030 HARTLEY RD
150
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> Delete
NAME FOX, CHARLES B	
STREET ADDRESS 705 MARSH COVE PLACE	
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME FOX, CHARLES B.	
STREET ADDRESS 4138 TIDEVIEW DR	
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250	
TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME FOX, CHARLES B.	
STREET ADDRESS 1582 STOCKTON DR.	
CITY-ST-ZIP GREEN COVE SPRINGS, FL. 32043	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: Charles B. Fox (CHARLES B. Fox) 2/11/02 (904) 284-3044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)