

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90012 042 ***150.00

DOCUMENT # P94000071931

1. Entity Name
FOX MARKETING GROUP, INC.



Principal Place of Business
**1582 STOCKMAN DR.
GREEN COVE SPRINGS FL 32043
US**

Mailing Address
**1582 STOCKMAN DR.
GREEN COVE SPRINGS FL 32043
US**



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

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

☒ CHECK HERE IF MAKING CHANGES

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

City & State
GREEN COVE SPRINGS, FL.
Zip
32043
Country
CLAY

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
3630 HARTLEY RD - 8833 PERIMETER PARK BLVD.
150 SUITE 602
JACKSONVILLE FL 32257 JACKSONVILLE, FL. 32216

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOX, CHARLES B 1582 STOCKTON DR. GREEN COVE SPRINGS FL 32043	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Charles B. Fox**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03 (914) 284 3044
Date Daytime Phone #