

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90243 027 ***150.00

DOCUMENT # P95000090201

1. Entity Name
SBM MARKETING CORP.

Principal Place of Business
1674 CANOE CREEK ROAD
OVIEDO FL 32766

Mailing Address
1674 CANOE CREEK ROAD
OVIEDO FL 32766

2. Principal Place of Business
1157 Coastal Circle
 Suite, Apt. #, etc.

3. Mailing Address
1157 Coastal Circle
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Ocoee, FL
 Zip
34761

Country

City & State
Ocoee, FL
 Zip
34761

Country

4. FEI Number **59-3356429**

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

MARCH, SCOTT
1674 CANOE CREEK ROAD
OVIEDO FL 32766

Name

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

1157 Coastal Circle

City
Ocoee

FL

Zip Code
34761

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

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, 2001 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
VT
 NAME
MARCH, SCOTT K
 STREET ADDRESS
1674 CANOE CREEK ROAD
 CITY-ST-ZIP
OVIEDO FL 32766

☐ Delete

TITLE
 NAME
 STREET ADDRESS
1157 Coastal Circle
 CITY-ST-ZIP
Ocoee, FL 34761

☒ Change ☐ Addition

TITLE
PS
 NAME
MARCH, BILLIE J
 STREET ADDRESS
1674 CANOE CREEK RD
 CITY-ST-ZIP
OVIEDO FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
1157 Coastal Circle
 CITY-ST-ZIP
Ocoee, FL 34761

☒ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

☐ Change ☐ Addition

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: **Billie J. March**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01 407-905-2664

Date

Daytime Phone #

CR2E034 (10/00)