

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90265 018 ***150.00

DOCUMENT # P96000005609

1. Entity Name

T & L MARKETING, INC.

Principal Place of Business

~~2926 DIPLOMAT DRIVE~~
~~MELBOURNE FL 32901~~
 US

Mailing Address

2926 DIPLOMAT DRIVE
 MELBOURNE FL 32901
 US

A0058233



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

606 BROOKWOOD PL.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MELBOURNE, FL

City & State

City & State

4. FEI Number **59-3357336**

Applied For

Not Applicable

Zip **32940**

Country **U.S.A**

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, RICHARD O
1250 W EAU GALLIE BLVD
MELBOURNE FL 32935

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-issuing)

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

TITLE **PTD** ☐ Delete
 NAME **HICKS, JAMES T**
 STREET ADDRESS ~~1250 W EAU GALLIE BLVD~~ **606 BROOKWOOD PL.**
 CITY-ST-ZIP **MELBOURNE FL 32940**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

James T. Hicks 4/20/01 President

(321) 259-2249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)