

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020987

1. Entity Name

BROAD STREET MARKETING, INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90146 029 ***150.00

Principal Place of Business

700 W HILLSBORO BLVD.
BLDG. 3, STE 101
DEERFIELD BEACH FL 33441
US

Mailing Address

700 WEST HILLSBORO BLVD.
BLDG 3, STE 101
DEERFIELD BCH FL 33441-1612
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0648269

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

SOUTH FLORIDA REGISTERED AGENTS, INC.
200 EAS LAS OLAS BLVD.
SUITE 1900
FT. LAUDERDALE FL 33301

Name

GREGORY L. PAIGE

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

700 W HILLSBORO BLVD.

BLDG. 3, #101

City

DEERFIELD BCH

FL

Zip Code 33441

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.

PRES.

GREGORY L. PAIGE

PRESIDENT

4-25-00

(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, 2000 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 PD ☐ Delete
NAME PAIGE, GREGORY L
STREET ADDRESS 700 WEST HILLSBORO BLVD. BLDG 3 S 101
CITY-ST-ZIP DEERFIELD BCH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE

GREGORY PAIGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-00 954 418 8601

CR2E034 (9/99)