

2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90284 015 \*\*\*150.00

DOCUMENT # **P96000029010**

1. Entity Name  
**TIMMONS MARKETING, INC.**

Principal Place of Business      Mailing Address  
**343 SAN JUAN DR**      **343 SAN JUAN DR**  
**PONTE VEDRA BEACH FL 32082**      **PONTE VEDRA BEACH FL 32082**

00041000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**42 SOUTH ROSCOE BLVD**      **42 SOUTH ROSCOE BLVD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**PONTE VEDRA Bch, FL**      **PONTE VEDRA Bch, FL**  
 Zip      Zip      Country      Country  
**32082**      **32082**      **USA**      **USA**

4. FEI Number      Applied For  
**59-3376314**       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

|   |   |
|---|---|
| <b>TIMMONS, LEAH D</b><br><b>343 SAN JUAN DR</b><br><b>PONTE VEDRA BEACH FL 32082</b> | Name  |
|   | Street Address (P.O. Box Number is Not Acceptable)                                  |
|   | <b>42 SOUTH ROSCOE BLVD</b><br><b>PONTE VEDRA Bch</b> FL      Zip Code <b>32082</b> |

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: type or print name of registered agent and title if applicable (NO IN-Registered Agent's signature required when not stating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 Fee will be \$550.00  
 (See corporation back)  **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<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>D</b><br><b>TIMMONS, LEAH D</b><br><b>343 SAN JUAN DR</b><br><b>PONTE VEDRA BEACH FL 32082</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>ADDRESS</b><br><b>42 SOUTH ROSCOE BLVD</b><br><b>PONTE VEDRA Bch, FL 32082</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Leah D. Timmons*      **LEAH D. TIMMONS**      **4/23/01**      **904-285-6753**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Date of Printing

CR2E034 (10/00)