

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State
 01-27-2000 90123 009 ***150.00

DOCUMENT # P96000084722

1. Entity Name

MARKETING AND MANAGEMENT CONCEPTS, INC.

Principal Place of Business

37812 WILLINGHAM AVE
 DADE CITY FL 33525

Mailing Address

37812 WILLINGHAM AVE
 DADE CITY FL 33525-5323

2. Principal Place of Business

7269 Gennaker Dr

3. Mailing Address

7269 Gennaker Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3409260

Applied For

Not Applicable

Zip

33607

Country

Zip

33607

Country

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

FOSTER, BRUCE A
37812 WILLINGTON AVE
DADE CITY FL 33525

Name

Bruce A Foster

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

7269 Gennaker Drive

City

Tampa,

FL

Zip Code

33607

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

Bruce A Foster

Bruce A Foster President

1-19-00

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, 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**
 NAME **FOSTER, BRUCE A**
 STREET ADDRESS **37812 WILLINGTON AVE**
 CITY-ST-ZIP **DADE CITY FL 33525**

☐ Delete

7269 Gennaker Dr
Tampa, FL 33607

TITLE **PD**
 NAME **Bruce A Foster**
 STREET ADDRESS **7269 Gennaker Drive**
 CITY-ST-ZIP **Tampa, FL 33607**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE **VD**
 NAME **Jason B. Genz**
 STREET ADDRESS **7269 Gennaker Drive**
 CITY-ST-ZIP **Tampa, FL 33607**

☐ Change ☒ Addition

TITLE
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☐ 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:

Bruce A Foster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-00

Date

813 289-3784

Daytime Phone #

CR2E034 (9/99)