

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000017760

1. Entity Name

MANAGEMENT & MARKETING RESOURCES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90873 042 ***150.00

Principal Place of Business

Mailing Address

(Same)

3305 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32082

PO BOX 993
PONTE VEDRA BEACH FL 32004-0993
US

2. Principal Place of Business

6 Cove Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra Bch., FL

City & State

4. FEI Number

04-2618575

Applied For

Not Applicable

Zip

Country

32082

Zip

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

BUSCHMAN, ALBERT E JR.
2215 SOUTH THIRD STREET
SUITE 101
JACKSONVILLE BEACH FL 32202

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 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 ☐ Delete
NAME D
STREET ADDRESS LAWRENCE, WILLIAM O
CITY-ST-ZIP 3305 SAWGRASS VILLAGE CIRCLE 6 Cove Road
PONTE VEDRA BEACH FL 32082

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

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:

William O. Lawrence WILLIAM O. LAWRENCE 4/28/00 (904) 280-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)