

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056765

1. Entity Name

TNT MARKETING GROUP, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90100 038 ***150.00

Principal Place of Business

Mailing Address

621 NW 53RD ST
 #240
 BOCA RATON FL 33487

934 UNIVERSITY DR. SUITE 116
 CORAL SPRINGS FL 33071-7029

2. Principal Place of Business

3. Mailing Address

1713 COSTA DEL SOL

1713 COSTA DEL SOL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FLA

City & State

BOCA RATON FLA

4. FEI Number

65-0763673

Applied For

Not Applicable

Zip

33432

Country

USA

Zip

33432

Country

USA

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

HERTER, THOMAS R
 934 UNIVERSITY DR., SUITE 116
 CORAL SPRINGS FL 33071

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	P	<input type="checkbox"/> Delete
NAME	HERTER, THOMAS R	
STREET ADDRESS	934 UNIVERSITY DR., SUITE 116	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	V	<input type="checkbox"/> Delete
NAME	TACK, CHRISTIAN M	
STREET ADDRESS	934 UNIVERSITY DR., SUITE 116	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Thomas R. Herter
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-00

Date

Daytime Phone #

CR2E034 (9/99)