

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90135 009 \*\*\*150.00

**DOCUMENT # P97000061493**



1. Entity Name  
**MARKETING SUPPORT SYSTEMS, INC.**

Principal Place of Business  
~~2501 SOUTH BUMBY AVE XX~~  
~~ORLANDO FL 32806~~

Mailing Address  
~~2501 SOUTH BUMBY AVE~~  
~~ORLANDO FL 32806 X~~

2. Principal Place of Business  
**558 Osceola Court**

3. Mailing Address  
**Same**

City & State  
**Winter Park, FL**

City & State

4. FEI Number **59-3458328**

Applied For  
Not Applicable

Zip  
**32789**

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

~~GOOGINS, DANIEL X X~~  
~~2501 SOUTH BUMBY AVE X~~  
~~ORLANDO FL 32806 X~~

Name  
**Cecil E Boozer**  
Street Address (P.O. Box Number is Not Acceptable)  
**558 Osceola Court**

City **Winter Park** **FL** Zip Code **32789**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cecil E Boozer*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BOOZER, CECIL E.	<del>408 PALM SPRINGS DR STE 100</del>	<del>ALTAMONTE SPRINGS FL 32704 X</del>	<input type="checkbox"/>
ST	BARTON, CAROLYN	<del>2501 S BUMBY AVE X</del>	<del>ORLANDO FL 32806 X</del>	<input type="checkbox"/>
ST	BARTON, CAROLYN X	<del>408 PALM SPRINGS DR STE 100 X</del>	<del>ALTAMONTE SPRINGS FL 32704 X X</del>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>558 Osceola Court</b>	<b>Orlando, FL 32789</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ST	Teresa F Boozer	<b>558 Osceola Court</b>	<b>Winter Park, FL 32789</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cecil E Boozer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)