

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90147 002 ***150.00

DOCUMENT # P97000085985

1. Entity Name
FLORIDA LIVE MARKETING, INC.



Principal Place of Business
**1890 62ND AVE S
ST. PETERSBURG FL 33712**

Mailing Address
**6822 17TH ST. SOUTH
ST. PETERSBURG FL 33712**

2. Principal Place of Business

3. Mailing Address
1890 62nd Ave. S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
St. Petersburg, FL

4. FEI Number **59-3479522 81-0561847**

Applied For
Not Applicable

Zip

Country

Zip
33712

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

**DECK, MATTHIAS
1890 62ND AVE S
ST. PETERSBURG FL 33712**

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

SIGNATURE

MATTHIAS DECK PRESIDENT

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
**P
DECK, MATTHIAS R
1890 62ND AVE SOUTH
SAINT PETERSBURG FL 33712**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DECK, ROLAND
BREUNINGSTRASSE 14
STUTTGART BW 70597**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DECK, STEFANIE
1890 62ND AVE SOUTH
ST. PETERSBURG FL 33712**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DECK, MARGARETE
BREUNINGSTRASSE 14
STUTTGART BW 70597**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MATTHIAS DECK

03/17/03

727-864-4998

Date

Daytime Phone #

CR2E034 (10/02)