

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90113 041 ***158.75

DOCUMENT # P98000029376
 1. Entity Name
ORATRIX MARKETING, INC.

Principal Place of Business 2232 RICHTER ST. #C PALM HARBOR FL 34683	Mailing Address 2232 RICHTER ST. #C PALM HARBOR FL 34683
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2. Principal Place of Business 112 FLAGSHIP DR.	3. Mailing Address 112 FLAGSHIP DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State LUTZ, FL	City & State LUTZ, FL



DO NOT WRITE IN THIS SPACE

Zip 33549	Country HILLSBOROUGH	Zip 33549	Country HILLSBOROUGH
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4. FEI Number 59-3503027	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
DAVIS, KEITH
 2232 RICHTER ST.
 #C
 PALM HARBOR FL 34683

7. Name and Address of New Registered Agent
 Name
DAVIS, KEITH
 Street Address (P.O. Box Number is Not Acceptable)
112 FLAGSHIP DRIVE
 City
LUTZ **FL** Zip Code
33549

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 *Keith Davis* **KEITH DAVIS** **2-16-01**
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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DAVIS, KEITH 2232 RICHTER ST. #C PALM HARBOR FL 34683 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DAVIS, KEITH 112 FLAGSHIP DRIVE LUTZ, FL. 33549 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Keith Davis* **KEITH DAVIS** **2-16-01** **813-909-2046**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)