

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

Cause Share Mktg. Inc.  
P98000032433



FILED

04 DEC -2 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6838 Blue Bay Circle

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

City & State

Lake Worth, FL

City & State

4. FEI Number

65-0829548

Applied For

Not Applicable

Zip

33467

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Linda R. Mednick

Street Address (P.O. Box Number is Not Acceptable)

6838 Blue Bay Circle

City

Lake Worth

FL

Zip Code

33467

**DO NOT WRITE  
IN THIS SPACE**

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

Linda R. Mednick

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Pres  
Linda R. Mednick  
6838 Blue Bay Circle  
Lake Worth, FL 33467

TITLE  
NAME  
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CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

000042785860  
11/16/04--01053--014 \*\*150.00

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda R. Mednick - LINDA R. MEDNICK 11/20/04 561641-5280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)



GOLDEN WINGS OF HONOR  
CLUB MEMBER

## CAUSE SHARE MARKETING

6838 BLUE BAY CIRCLE • LAKE WORTH, FL 33467

PH (888) 443-6362 • FAX (561) 641-2650

EMAIL CSMLINDA@BELLSOUTH.NET

REPRESENTING

**Newton**  
Manufacturing Co.

Thursday, October 21, 2004

Glenda E. Hood, Secretary of State  
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Ms. Hood:

I received the enclosed notice of Dissolution or Revocation in the mail on Tuesday, and learned that I never sent our \$150.00 check that was due. Unfortunately, my husband and business partner passed away, and this was never taken care of, as there were so many things that were on my mind, our family being the most important to me, and taking my time away from our business.

I realize this is no excuse for not filing, but enclosed herewith is our check for the \$150.00 which I hope will take care of this matter.

Thanking you for your understanding and consideration. If you require any additional information, please feel free to call me at the number listed above.

Sincerely,

Linda R. Mednick

enclosure

p98000032433