

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000036687**1. Entity Name
C B MARKETING INC.**Principal Place of Business**

195 N. BREVARD AVE.

COCOA BEACH
32931

FL

Mailing Address

195 N. BREVARD AVE.

COCOA BEACH
32931

FL

2. Principal Place of Business

195 N. BREVARD AVE.

3. Mailing Address

195 N. BREVARD AVE.

Suite, Apt. #, etc.
SUITE ESuite, Apt. #, etc.
SUITE ECity & State
COCOA BEACH

FL

City & State
COCOA BEACH

FL

Zip
32931

Country

Zip
32931

Country

4. FEI Number
59-3503982

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentBATES CHRISTINE L
195 N. BREVARD AVE.COCOA BEACH
32931

FL

7. Name and Address of New Registered Agent

Name

BATES CHRISTINE L

Street Address (P.O. Box Number is Not Acceptable)
195 N. BREVARD AVE.

SUITE E

City
COCOA BEACH

FL

Zip Code
32931

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)

04/24/2001

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	PTD <input type="checkbox"/> Delete
NAME	BATES KENNETH R
STREET ADDRESS	1251 S ATLANTIC AVE UNIT 505
CITY-ST-ZIP	COCOA BEACH FL 32931
TITLE	VSD <input type="checkbox"/> Delete
NAME	BATES CHRISTINE L
STREET ADDRESS	1251 S ATLANTIC AVE UNIT 505
CITY-ST-ZIP	COCOA BEACH FL 32931
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES KENNETH R
STREET ADDRESS	1413 CHICKASAW TR. S
CITY-ST-ZIP	ORLANDO FL 32825
TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES CHRISTINE L
STREET ADDRESS	1413 CHICKASAW TR. S
CITY-ST-ZIP	ORLANDO FL 32825
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Kenneth R. Bates

PTD

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)