

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90436 021 ***158.75

DOCUMENT # P98000074281

1. Entity Name **MARKETING INTO MILLIONS**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4535 CENTRAL AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG, FL

City & State

4. FEI Number

59-3533794

Applied For

Not Applicable

Zip

33713

Country

USA

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **GREG LEHR**

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

4535 CENTRAL AVENUE

City **ST. PETERSBURG**

FL

Zip **33713**

**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

GREG LEHR 2/5/03

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

(NOTE: Registered Agent signature required when resigning)

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
**President/Treasurer
MAX P. LINN
7228 3rd Avenue S.
St. Petersburg, FL 30707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP/Secretary
PATRICIA LINN
7228 3rd Avenue S.
St Petersburg, FL 33707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
St Petersburg, FL 33707

TITLE
NAME
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CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAX P. Linn 2/5/03 727 322 6400

Date

Daytime Phone #

CR2E034B (12/02)