

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90080 002 ***150.00

0414590 AV

DOCUMENT # P98000081191

1. Entity Name
MEDIAMARK, INC.

Principal Place of Business
18923 CHAVILLE RD.
LUTZ FL 33549

Mailing Address
18923 CHAVILLE RD.
LUTZ FL 33549



2. Principal Place of Business
18923 CHAVILLE RD.
 Suite, Apt. #, etc.

3. Mailing Address
18923 CHAVILLE RD.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LUTZ FL
 Zip **33558** Country **USA**

City & State
LUTZ FL
 Zip **33558** Country **USA**

4. FEI Number **59-3533189** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MACGREGOR, JAMES E
4119 BRENTWOOD PARK CIRCLE
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name **MACGREGOR, JAMES E.**
 Street Address (P.O. Box Number is Not Acceptable)
18923 CHAVILLE ROAD
 City **LUTZ** State **FL** Zip Code **33558**

8. The above named entity certifies this statement to be true and correct regarding its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *James E. MacGregor* **President** **1-18-02**
 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, 2002 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	D MACGREGOR, JAMES E 4119 BRENTWOOD PARK CIRCLE TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACGREGOR, BARBARA A 4119 BRENTWOOD PARK CIRCLE TAMPA FL 33624	<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
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	PRESIDENT MACGREGOR, JAMES E. 18923 CHAVILLE RD. LUTZ FL 33558	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-TREASURER MACGREGOR, BARBARA A. 18923 CHAVILLE RD. LUTZ FL 33558	<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)(f), 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: *James E. MacGregor* **President** **1-18-02** **813-909-2760**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)