

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001258

1. Entity Name

GOLF MARKETING GROUP INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90111 046 ***150.00

Principal Place of Business

Mailing Address

2401 CURRYVILLE RD
CHULUOTA FL 32766

2401 CURRYVILLE RD
CHULUOTA FL 32766-9152

2. Principal Place of Business

630 South Wickham Rd
Suite, Apt. #, etc.
Suite 203
City & State
W. Melbourne, Florida

3. Mailing Address

630 S. Wickham Road
Suite, Apt. #, etc.
Suite 203
City & State
W. Melbourne, Florida



DO NOT WRITE IN THIS SPACE

Zip
32904
Country
USA

Zip
32904
Country
USA

4. FEI Number
59-3552172

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, LYNN
2401 CURRYVILLE RD
CHULUOTA FL 32766

Name
Lynn Smith
Street Address (P.O. Box Number is Not Acceptable)
630 S. Wickham Road
Suite 203
City
W. Melbourne FL Zip Code
32904

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)

DATE

4/13/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00 (321) 733-1982
Date Daytime Phone #

CR2E034 (9/99)