2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000009122** Jun 05, 2000 8:00 am **Secretary of State** MARKETPLACE EXPRESS INC. OF ST. PETERSBURG 06-05-2000 90046 014 ***150.00 Principal Place of Business Mailing Address 288 BEACH DRIVE NE 288 BEACH DRIVE NE ST PETERSBURG FL 33701-3499 ST PETERSBURG FL 33701 2. Principal Place of Business 284 BEACH DRIVE N.E. 3. Mailing Address 284 BEACH DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State -3555057 ST PETERSONE ST.PETKRSBURIO Not Applicable Zip 33701 \$8.75 Additional USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PERREAULT, MARK E PERREAULT, MARK E Street Address (P.O. Box Number is Not Acceptable) 288 BEACH DRIVE NE BEACH DRIVE ST PETERSBURG FL 33701 ST. PETBASBURG 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE CAROLINE PERREAULT 737 NINA DRIVE NAME NAME STREET ADDRESS STREET ADDRESS TIERRA VERDE, FL 33715 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE MARK PERREAULT NAME STREET ADDRESS 737 WINA DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TIGORIA VERDE, FL 33715 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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:

MARKE PEUREAUT

5123100

(727)894-3330

Daytime Phone #