

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P99000015550**

1. Entity Name

S.I.C. Marketing, Inc.**FILED**
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90190 018 ***150.00

Principal Place of Business

Mailing Address

13199 60th St North
Clearwater, FL 34620**A0048662**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2145 Corbin Place Ste B

3. Mailing Address

2145 Corbin Place

Suite, Apt. #, etc.

Palm Harbor, FL

Suite, Apt. #, etc.

Suite B

City & State

City & State

Palm Harbor, FL

4. FEI Number

59-3559440

Applied For

Not Applicable

Zip

Country

34683

Zip

Country

346835. 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

Alejandro Gonzalez
2145 Corbin Place
Suite B
Palm Harbor, FL 34683

Name

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

City

FL

Zip Code

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

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 State10. 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	Vice President	<input type="checkbox"/> Delete
NAME	Alejandro Gonzalez	
STREET ADDRESS	2145 Corbin Place Ste B	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Alejandro Gonzalez	
STREET ADDRESS	2145 Corbin Place Ste B	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	President	<input type="checkbox"/> Delete
NAME	Joel Ferguson	
STREET ADDRESS	2703 114th Court	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Joel Ferguson	
STREET ADDRESS	2703 114th Court	
CITY-ST-ZIP	Palm Harbor, FL 34684	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel C. Ferguson**4-23-00**

Date

(727) 772-9161

Daytime Phone #

CR2E034 (9/99)