

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025102

1. Entity Name

M M K MARKETING, INC.

FILED

Jul 14, 2000 8:00 am  
Secretary of State

07-14-2000 90001 031 \*\*\*150.00

00068168

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2741 HOPE STREET  
SARASOTA, FL 34231

Mailing Address  
2741 HOPE STREET  
SARASOTA FL 34231

2. Principal Place of Business  
2741 HOPE STREET  
Suite, Apt. #, etc.  
City & State  
SARASOTA, FL  
Zip  
34231  
Country  
USA

3. Mailing Address  
2741 HOPE STREET  
Suite, Apt. #, etc.  
City & State  
SARASOTA, FL  
Zip  
34231  
Country  
USA

4. FEI Number ☒ 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

SHARON MYERS  
2741 HOPE STREET  
SARASOTA, FL 34231

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 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
DIRECTOR	SHARON MYERS	2741 HOPE STREET	SARASOTA, FL 34231	<input type="checkbox"/>
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
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/99)

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

6/26/2000

Date

Daytime Phone #

Attachment  
D # P9900025102  
DU068168

June 26, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: 2000 Uniform Business Report  
MMK Marketing, Inc.  
Document # P9000025102

To Whom It May Concern:

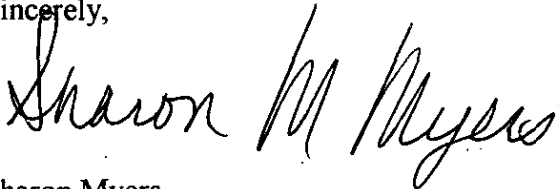
Enclosed you will find the 2000 Uniform Business Report for MK Marketing, Inc. along with the filing fee of \$150.00.

Please be advised that since the filing of the Articles of Incorporation for MMK Marketing, Inc. with the Department of State the mailing address of the corporation had changed. Unfortunately, the post office did not forward the form to the new address. I am sending you the correspondence I had with the Division of Corporations in regard to not receiving the Uniform Business report in the mail.

I had difficulty reaching the Department by telephone but was able to email and request a form to file. I received the attached form in the mail and am filing at this time. The corporate help section of your website was most helpful. I have attached a copy of my correspondence I had via email. The website informed me to submit a letter when filing explaining the situation and that the corporation will not be charged the late fee if these instructions are followed (see attached).

I thank you in advance for any courtesies you may provide.

Sincerely,



Sharon Myers