

2001 UNIFORM BUSINESS REPORT (UBR)

2

FILED
Apr 04, 2001 8:00 am
Secretary of State
 02-19-2001 90068 034 ***150.00

DOCUMENT # P99000026385

1. Entity Name
A & F MARKETING, INC.

Principal Place of Business Mailing Address
A FULD **A FULD**
18306 BANKSHAW PLACE **18306 BANKSHAW PLACE**
TAMPA FL 33647 **TAMPA FL 33647**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3566466**

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

FULD, ANDREW
18306 BANKSTON PLACE
TAMPA FL 33647

Name **ANDREW FULD**
 Street Address (P.O. Box Number is Not Acceptable)
18306 BANKSTON PL
 City **Tampa** FL Zip Code **33647**

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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	GODSEY, GLORIA	
STREET ADDRESS	230 EAST DAVIS BOULEVARD	
CITY-ST-ZIP	TAMPA FL 33608	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICIPRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW FULD	
STREET ADDRESS	18306 BANKSTON PL	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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)(l), 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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13

813 334 7696

Date

Daytime Phone #

CR20034 (10/00)