

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033342

1. Entity Name

MARKETING COMMUNICATIONS GROUP, INC.

R

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90011 011 ***150.00

Principal Place of Business

Mailing Address

1304 DESOTO AVENUE
FOURTH FLOOR
TAMPA FL 33606-3138

1304 DESOTO AVENUE
FOURTH FLOOR
TAMPA FL 33606

2. Principal Place of Business

1413 S. HOWARD AVE.
Suite, Apt. #, etc.
SUITE 203

City & State
TAMPA, FL

Zip
33606

Country
USA

3. Mailing Address

1413 S. HOWARD AVE.
Suite, Apt. #, etc.
SUITE 203

City & State
TAMPA, FL

Zip
33606

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3570219

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROLAND, DOUGLAS R
500 E KENNEDY BLVD
SUITE 200
TAMPA FL 33601

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Date

Daytime Phone

KATHRYN SHERMAN
President/CEO
1413 S. Howard, Suite 203, TAMPA, FL 33606
6/7/00 (813) 254-8610

CR2EC 4 (1/1/9)