## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

SUITE U **LARGO FL 33771** 

9225 ULMERTON RD

Suite, Apt. #, etc.

City & State

P99000047394 DOCUMENT #

Country

6. Name and Address of Current Registered Agent

1. Entity Name

FOX 1 MARKETING, INC

Principal Place of Business

2. Principal Place of Business

suitle M

arkid

10572 OAKHURST RD.

9225 ULMERTON RD

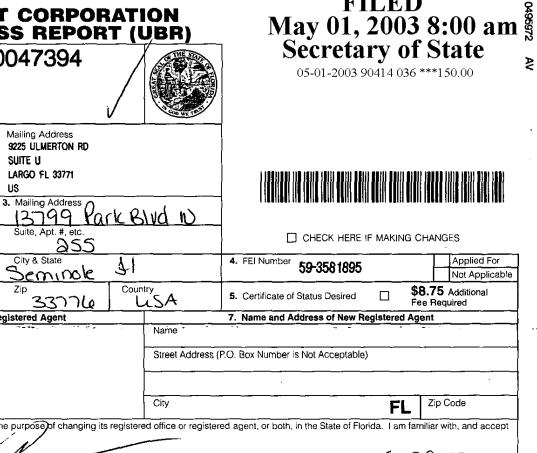
LARGO FL 33771

14219 Suite, Apt, #, etc.

City & State

FOX, JOHN R

SUITE U



**FILED** 

LARGO FL 33772						•	
			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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE	Signature, typed or printed hame of registered agent and title if appl	istered Agent signati	ure required when reinstating)	G-2 DATE	9-03		
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State			9. Election Campaign Finar Trust Fund Contribution.	ncing		May Be to Fees
10.	OFFICERS AND DIRECTOR	RS	11.	ADDITIONS/CHANGES TO OFFICE	ERS AND DI	RECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, JOHN K 10572 OAKHURST RD. LARGO FL 33772	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, e	□ Delete-	TITLE : : NAME STREET ADDRESS CITY-ST-ZIP			Change	* Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			) Change	Addition

12. 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 10 or Block 11 if

SIGNATURE

TEC: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR