

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050255

1. Entity Name

VALUE PLUS MARKETING, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90012 029 ***158.75

Principal Place of Business

Mailing Address

P.O. BOX 562
LITTLE EGG HARBOR NJ 08087

P.O. BOX 562
LITTLE EGG HARBOR NJ 08087-0562

2. Principal Place of Business

200 SOUTH WASHINGTON BLVD.

Suite, Apt. #, etc.

Suite 9

City & State

JARASOTO FL

Zip

34236

Country

USA

3. Mailing Address

P.O. Box 39

Suite, Apt. #, etc.

City & State

BRIDGTON BEACH FL

Zip

34217 USA

4. FEI Number

58-2508585

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

CLAY, THOMAS

~~3607 E. BAY DR. #205~~ 3601 E. BAY DR. #209
HOLMES BEACH FL 34217

Name

THOMAS CLAY

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

3601 E. BAY DR. #209

City

HOLMES BEACH

FL

Zip Code

34217

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	CHAIRMAN OF THE BOARD	<input type="checkbox"/> Delete
NAME	THOMAS CLAY	
STREET ADDRESS	3601 E. BAY DR. #209	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	THOMAS CLAY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	MARK SCHENBERGER	
STREET ADDRESS	250 RADIO RD.	
CITY-ST-ZIP	TUCKERTON N.J. 08087	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	MARK SCHENBERGER	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	THOMAS CLAY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS		
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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)(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 #

3-28-00 941-778
0569

CR2E034 (9/99)