

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000053493 ✓

1. Entity Name

Twenty First Century Marketing & Sales, Inc.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90012 026 ***150.00

Principal Place of Business

Mailing Address

13564 Falcon Pointe Dr.
Orlando FL 32837

00059703

2. Principal Place of Business

13564 Falcon Pointe Dr.
Suite, Apt. #, etc.

3. Mailing Address

13564 Falcon Pointe Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3580174

Applied For

Not Applicable

Zip

32837

Country

Orange

Zip

32837

Country

Orange

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Barbara Barnette
11963 Ottawa Ave
Orlando FL 32837

7. Name and Address of New Registered Agent

Name
Barbara Barnette
Street Address (P.O. Box Number is Not Acceptable)
13564 Falcon Pointe Dr.
Orlando FL 32837

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 *Barbara E. Barnette*

5/22/00

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
President + /secretary/ Treasurer
William S Neal
609 Tradewinds Dr.
Deltona FL 32738TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *William S. Neal*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-00

Date

407-856-8153

Daytime Phone #

CR2E034 (9/99)