

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061388

1. Entity Name

AZUR MARKETING & DEVELOPMENT INC.

FILED

Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90023 028 \*\*\*150.00

Principal Place of Business

21443 ST. ANDREWS GRAND CIRCLE  
BOCA RATON FL 33486

Mailing Address

21443 ST. ANDREWS GRAND CIRCLE  
BOCA RATON FL 33486

2. Principal Place of Business

4736 CHANCELLOR DR

3. Mailing Address

4736 CHANCELLOR DR

Suite, Apt. #, etc.

# 20

Suite, Apt. #, etc.

# 20

City & State

JUPITER FL

City & State

JUPITER FL

Zip

33458

Country

Zip

33458

Country

4. FEI Number

65-0935042

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

TREADWELL, MICHELE S  
21443 ST. ANDREWS GRAND CIRCLE  
BOCA RATON FL 33486

Name

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

4736 CHANCELLOR DR

# 20

City

JUPITER

FL

Zip Code

33458

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

Michele S Treadwell

3/27/01

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 DP ☐ Delete  
NAME TREADWELL, MICHELE  
STREET ADDRESS 21443 ST ANDREWS CIR  
CITY-ST-ZIP BOCA RATON FL 33429

TITLE DP ☒ Change ☐ Addition  
NAME TREADWELL, MICHELE  
STREET ADDRESS 4736 CHANCELLOR DR  
CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Michele S Treadwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

561.625.6352

Daytime Phone #

CR2E034 (10/00)