

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066936

1. Entity Name

ALTMAN MARKETING AND RESEARCH, INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90205 003 ***158.75

Principal Place of Business

3801 CROWN POINT ROAD
SUITE 1333
JACKSONVILLE FL 32257

Mailing Address

3801 CROWN POINT ROAD
SUITE 1333
JACKSONVILLE FL 32257

2. Principal Place of Business

13090 Mandarin Rd.

3. Mailing Address

13090 Mandarin Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, FL.

JACKSONVILLE, FL.

Zip

Zip

32223

Country

DUVAL

Country

DUVAL



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3589577

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 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

TITLE NAME	PTD ALTMAN, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	3801 CROWN POINT ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE NAME	SVD LEARY, AMANDA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3801 CROWN POINT ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PTD Altman, Richard	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13090 Mandarin Rd.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE NAME	SVD Altman, Amanda	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13090 Mandarin Rd.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Richard Altman - Richard Altman

904-386-9688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)