

2000 UNIFORM BUSINESS REPORT (UBR)

3/3/

FILED
May 15, 2000 8:00 am
Secretary of State

03-03-2000 90233 028 ***150.00

DOCUMENT # P99000075124

1. Entity Name

BUSINESS MARKETING TRAINING, INC.

Principal Place of Business

Mailing Address

~~2100 MAIN STREET~~
~~SARASOTA FL 34237~~

~~2100 MAIN STREET~~
~~SARASOTA FL 34237-6024~~

2. Principal Place of Business

3. Mailing Address

MEIER EDWIN

MEIER EDWIN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

415 MCKINLEY AVE.

P.O. BOX 1101

City & State

City & State

LEHIGH ACRES

LEHIGH ACRES

Zip

Country

Zip

Country

33936

FL

33970

FL

4. FEI Number

65-0952710

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

~~JAENSCH, CHRISTOPHER~~
~~2100 MAIN STREET~~
~~SARASOTA FL 34237~~

Name

KARL M. STERR

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

421 MC. KINLEY AVE

City

LEHIGH ACRES

FL

Zip Code

33936

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MEIER, EDWIN
415 MCKINLEY AVE.
LEHIGH FL 33970

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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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 #

2/12/2000

CR2E034 (9/99)