

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 19, 2000 8:00 am
Secretary of State

05-16-2000 90075 010 ***150.00

DOCUMENT # P99000075972

1. Entity Name

CORIUM MARKETING GROUP, INC.

(R)

Principal Place of Business

Mailing Address

11596 - 94TH ST. NORTH
LARGO FL 33773

11596 - 94TH ST. NORTH
LARGO FL 33773-4637

2. Principal Place of Business

COUNTRY SIDE MALL

3. Mailing Address

Suite, Apt. #, etc.

27001 US 19 N

City & State
CLEARWATER FL

City & State

4. FEI Number

59-360 3566

Applied For

Not Applicable

Zip
33761

Country
PINELLAS

Zip

Country

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

WARD, R. CARLTON
1253 PARK ST.
CLEARWATER FL 33757

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, 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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
PATRICK CLOUDEN
11596 94 ST N.
LARGO, FL 33773-4637

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

Patrick Clouden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00
Date

Daytime Phone #

CR2034 (9/99)