

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088276

1. Entity Name
AMERICAN CITADEL MARKETING INC.



Principal Place of Business
7001 N. ATLANTIC AVENUE. #108
CAPE CANAVERAL FL 32920

Mailing Address
7001 N. ATLANTIC AVENUE. #108
CAPE CANAVERAL FL 32920

2. Principal Place of Business

8961 LAKE DR
Suite, Apt. #, etc.
F505

3. Mailing Address

P.O. Box 328
Suite, Apt. #, etc.

City & State

CAPE CANAVERAL FL

City & State

CAPE CANAVERAL FL

Zip

32920

Country

Zip

32920

Country

4. FEI Number

59-3605340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MAYNARD, THOMAS W
2700 HARBOR TOWN DRIVE
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name

THOMAS W. MAYNARD

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

8961 LAKE DR (F505)

City

CAPE CANAVERAL

FL

Zip Code

32920

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Thomas W. Maynard
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MAYNARD, THOMAS W
STREET ADDRESS 2700 HARBORTOWN DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32952
8961 LAKE DR (F505) Cape Canaveral FL 32920

TITLE VPST ☐ Delete
NAME MAYNARD, PAMELA
STREET ADDRESS 2700 HARBORTOWN DR
CITY-ST-ZIP MERRITT ISLAND FL 32952
8961 LAKE DR (F505) Cape Canaveral FL 32920

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas W. Maynard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/15/03

Daytime Phone #

CR2E034 (10/02)

0125359 AV