

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098444

1. Entity Name

SPEEDY MARKETING, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90027 040 \*\*\*158.75

Principal Place of Business

13800 US HWY 19N  
CLEARWATER FL 33764

Mailing Address

13800 US HWY 19N  
CLEARWATER FL 33764-7236

2. Principal Place of Business

6431 NW HERSHEY CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 880534

Suite, Apt. #, etc.

City & State

PSL FL

City & State

PSL FL

Zip

34983

Country

ST LUCIE

Zip

34988

Country

ST LUCIE

4. FEI Number

59-3607412

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ACCOUNTING & TAX HELP, INC.  
8668 PARK BLVD., SUITE A  
SEMINOLE FL 33777

7. Name and Address of New Registered Agent

Name

THOMAS H. MCDANIEL

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

P.O. BOX 880534 6431 NW HERSHEY CIRCLE

City

ST LUCIE, FL

FL

Zip Code

34983

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)

4/20/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GODBEE, RICK	
STREET ADDRESS	13800 US HWY 19N	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS H. MCDANIEL	
STREET ADDRESS	6431 NW HERSHEY CIRCLE	
CITY-ST-ZIP	PSL, FL 34983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

THOMAS H. MCDANIEL

4/20/00

561-201-7972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #