

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105310

1. Entity Name

M.D. MARKETING SERVICES, INC. ✓

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90005 040 ***555.00

Principal Place of Business 2450 HOLLYWOOD BLVD., STE. 401 HOLLYWOOD FL 33020	Mailing Address 2450 HOLLYWOOD BLVD., STE. 401 HOLLYWOOD FL 33020
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2. Principal Place of Business 2296 Golf Brook Drive Suite, Apt. #, etc.	3. Mailing Address 2296 Golf Brook Drive Suite, Apt. #, etc.
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City & State Wellington, Florida	City & State Wellington, Florida	4. FEI Number 22-3693344	Applied For <input type="checkbox"/> Not Applicable
Zip 33414	Country USA	Zip 33414	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FEDER, LAWRENCE H 2450 HOLLYWOOD BLVD., STE. 401 HOLLYWOOD FL 33020	7. Name and Address of New Registered Agent Name David C. Rubin Street Address (P.O. Box Number is Not Acceptable) 2296 Golf Brook Drive City Wellington FL Zip Code 33414
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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 *David C. Rubin* DATE 7/25/00

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEDER, LAWRENCE H 2450 HOLLYWOOD BLVD., STE. 401 HOLLYWOOD FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	David C. Rubin 2296 Golf Brook Drive Wellington, FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *David C. Rubin* **SIGNATURE REQUIRED** DATE 7/25/00 DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)