

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105468

1. Entity Name
M & R MARKETING, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90066 045 ***150.00

0431244

Principal Place of Business

1213 BERMUDA LAKES LANE
APT 207
KISSIMMEE FL 34741

Mailing Address

1213 BERMUDA LAKES LANE
APT 207
KISSIMMEE FL 34741

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 59437

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

Orlando, FL

32859

Orange

4. FEI Number **59-3612768**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BYRD & GANTT, CPA'S
3501 W VINE STREET STE 275
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name **Byrd & Gantt, CPAs P.A.**

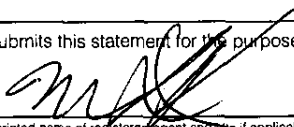
Street Address (P.O. Box Number is Not Acceptable)
3355 W. Vine St., Ste 102

City **Kissimmee**

FL

Zip Code **34741**

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)

4/10/01
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, 2001 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 **PD** ☐ Delete
NAME **RICHMOND, MARK**
STREET ADDRESS **1213 BERMUDA LAKES LANE APT 207**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Mark Richmond**
STREET ADDRESS **6662 Shadow Oak Ln**
CITY-ST-ZIP **Orlando, FL 32809**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01
Date

Daytime Phone #

CR2E034 (10/00)