


3/05

May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000106127

1. Entity Name

TDM MARKETING, INC.



May 09, 2005 08:00 AM

Secretary of State

Principal Place of Business

818 S.W. HIDDEN RIVER AVENUE
PALM CITY FL 34990

Mailing Address

818 S.W. HIDDEN RIVER AVENUE
PALM CITY FL 34990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0982618

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRECO, FRANK J ESQ.
1715 N. WESTSHORE BLVD.
SUITE 750
TAMPA FL 33607

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

D

☐ Delete

NAME

MATHIAS, THOMAS R

STREET ADDRESS

818 S.W. HIDDEN RIVER AVENUE

CITY- ST- ZIP

PALM CITY FL 34990

TITLE

D

☐ Delete

NAME

MATHIAS, DEBORAH O

STREET ADDRESS

818 S.W. HIDDEN RIVER AVENUE

CITY- ST- ZIP

PALM CITY FL 34990

TITLE

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NAME

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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 R Mathias

2-26-05 772-788-3370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #