

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S06929

1. Entity Name

MARKETING CONCEPTS INTERNATIONAL, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90130 040 ***150.00

Principal Place of Business

Mailing Address

~~6120-10 POWERS AVE.~~

~~6120-10 POWERS AVE.~~

~~S-184~~

~~S-184~~

~~JACKSONVILLE FL 32217~~

~~JACKSONVILLE FL 32217~~

2. Principal Place of Business

3. Mailing Address

4541-3 ST. AUGUSTINE RD

4541-3 ST. AUGUSTINE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JAX FL

City & State

JAX FL

Zip

32207

Country

DUVAL

Zip

32207

Country

DUVAL

4. FEI Number

59-3016328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWISHER, JAMES A.
4541-3 ST AUGUSTINE RD.
JACKSONVILLE FL 32207

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME SWISHER, SCOTT
STREET ADDRESS 4541-3 ST ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

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

TITLE D
NAME SWISHER, BONNIE J.
STREET ADDRESS 4541 3 ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

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

TITLE SEC
NAME SWISHER, BONNIE
STREET ADDRESS 4541-3 ST. AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-01

CR2E034 (10/00)