

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90125 044 ***150.00

DOCUMENT # S09722

1. Entity Name

W.M.K. MARKETING, INC.

Principal Place of Business

Mailing Address

14441 PASSAGEWAY
 SEMINOLE FL 33776-1006
 US

14441 PASSAGEWAY
 SEMINOLE FL 33774-2007
 US

2. Principal Place of Business

3. Mailing Address

13300 INDIAN ROCKS RD

13300 INDIAN ROCKS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

VILLA 104

VILLA 104

City & State

City & State

LARGO FLORIDA

LARGO FLORIDA

Zip

Country

33774-2007 US

Zip

Country

33774-2007 US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3040631

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

**GOULD, N.S.
 311 S MISSOURI AVE
 CLEARWATER FL 34616**

Name

GARY W. LEONS

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

311 S. MISSOURI AVENUE

City

CLEARWATER

FL

Zip Code

33754

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

[Handwritten Signature]

4-28-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	KANE, WILLIAM J., JR.	14441 PASSAGEWAY	SEMINOLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DPST	KANE, MARIANNE T.	14441 PASSAGEWAY	SEMINOLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

[Handwritten Signature]
MARIANNE T. KANE

Date

4/26/00

Daytime Phone #

727-595-6054