

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 548737

1. Entity Name

UPstart Marketing, Inc. ✓

Principal Place of Business

Mailing Address

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90074 013 ***150.00

2. Principal Place of Business

4101 N Ocean Blvd

Suite, Apt. #, etc.

405

City & State

Boca Raton FL

Zip

33431

Country

USA

3. Mailing Address

4101 N. Ocean Blvd

Suite, Apt. #, etc.

405

City & State

Boca Raton FL

Zip

33431

Country

USA

4. FEI Number

59-3062562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Craig Cheevers
4101 N Ocean Blvd #405
Boca Raton, FL 33431

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.

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, 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

☐ Delete
P
Craig Cheevers
4101 N Ocean Blvd #405
Boca Raton FL 33431

☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP

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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

Craig Cheevers

5/2/00

Date

561-3949967

Daytime Phone #

CR2E034 (9/99)