

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90110 020 ***150.00

DOCUMENT # S49661

1. Entity Name

THE MUNCE BUYING & MARKETING GROUP, INC.

Principal Place of Business

**415 2ND ST
 INDIAN ROCKS BEACH FL 33785
 US**

Mailing Address

**415 2ND ST
 INDIAN ROCKS BEACH FL 33785
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3071194

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MUNCE, ROBERT L.
 415 2ND STREET
 INDIAN ROCKS BEACH FL 33785**

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, 2002 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 ☐ Delete
 NAME **PTD**
 STREET ADDRESS **MUNCE, ROBERT L.**
 CITY-ST-ZIP **7323 SAWGRASS POINT DR
 PINELLAS PARK FL 33782**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **415 2ND STREET**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE ☐ Delete
 NAME **VSD**
 STREET ADDRESS **MUNCE, MARTHA M.**
 CITY-ST-ZIP **7323 SAWGRASS POINT DRIVE
 PINELLAS PARK FL 33782**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **415 2ND STREET**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 STREET ADDRESS
 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:

ROBERT L. MUNCE
 Robert L. Muncé

Date

Daytime Phone #

1/14/02

727/596-7625

CR2E034 (9/01)