

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**  
 01-21-2000 90077 034 \*\*\*150.00

**DOCUMENT # S55814**

1. Entity Name

**MARKETING SYSTEMS GROUP, INC.**

Principal Place of Business

Mailing Address

238 N. WESTMONTE DR.  
 #101  
 ALTAMONTE SPRINGS FL 32714  
 US

238 N. WESTMONTE DR.  
 #101  
 ALTAMONTE SPRINGS FL 32714-4218  
 US

2. Principal Place of Business

3. Mailing Address

225 S. WESTMONTE DR

225 S. WESTMONTE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2040

SUITE 2040

City & State

City & State

ALTAMONTE SPRINGS, FL 32714

ALTAMONTE SPRINGS, FL

Zip

Country

Zip

Country

32714

32714

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRINKMAN, DAVID W.  
 238 N. WESTMONTE DR.  
 SUITE 101  
 ALTAMONTE SPRINGS FL 32714

Name

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

225 S. WESTMONTE DR

SUITE 2040

City

ALTAMONTE SPRINGS

FL

Zip Code

32771

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

1/7/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DP  
 COMBS, DALE W.  
 312 WICKHAM CT  
 LONGWOOD FL 32779

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DST  
 BRINKMAN, DAVID W.  
 5067 KENLYN CT  
 ORLANDO FL 32808

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DST  
 BRINKMAN, DAVID W.  
 5349 LAKE BLUFF TERRACE  
 LAKE FOREST, FL 32771

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00

Date

407-774-4500

Daytime Phone #

CR2E034 (9/99)