

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90109 020 ***150.00

DOCUMENT # S56577

1. Entity Name

E & K MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

**5061-8 PARK LAKE DR
 MELBOURNE FL 32901**

**5061-8 PARK LAKE DR
 MELBOURNE FL 32901**

723480

2. Principal Place of Business

2263 W NEW HAVEN AV

3. Mailing Address

Suite, Apt. #, etc.

336

Suite, Apt. #, etc.

City & State

W. MELBOURNE, FL

City & State

SAME

4. FEI Number

59-3073095

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

7. Name and Address of New Registered Agent

**OLSON, SHARON J.
 5061-8 PARK LAKE DR
 MELBOURNE FL 32901**

Name

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

2263 W. NEW HAVEN AV # 336

City

W. MELBOURNE

FL

Zip Code

32901

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

Sharon J. Olson

2-26-01

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 **D** ☐ Delete
 NAME **OLSON, SHARON J.**
 STREET ADDRESS **2604 MANORWOOD DR**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **SHARON J. OLSON**
 STREET ADDRESS **2263 W. NEW HAVEN AV # 336**
 CITY-ST-ZIP **W MELBOURNE, FL 32901**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Sharon J. Olson

SHARON J. OLSON

2-26-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)