

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S76824

1. Entity Name

D.R.C. MARKETING, INC.

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

04-10-2000 90173 048 ***150.00

Principal Place of Business

Mailing Address

POST OFFICE BOX 58175
TIERRA VERDE FL 33715

POST OFFICE BOX 58175
TIERRA VERDE FL 02852-6707

2. Principal Place of Business

FL

3. Mailing Address

PO Box 58175

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST-PA TA

City & State
ST-PA TA FL

4. FEI Number 05-0424634

Applied For
Not Applicable

Zip 33715

Country

Zip 33715

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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME CLARE, ELAINE S
STREET ADDRESS P.O. BOX 58175-107TH STE
CITY-ST-ZIP TIERRA VERDE FL ☐ Delete

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

TITLE P
NAME CLARE, DONALD
STREET ADDRESS P.O. BOX 58125 109 5TH ST E
CITY-ST-ZIP TIERRA VERDE FL ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 life employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)