

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

09-12-2003 90089 036 \*\*\*150.00

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**DOCUMENT # H02001**

1. Entity Name  
**NATIONAL MARKETING CONCEPTS, INC.**



Principal Place of Business  
**4340 S. PADRE ISLAND DR.  
CORPUS CHRISTI TX 78411**

Mailing Address  
**P.O. BOX 81227  
CORPUS CHRISTI TX 78468**

**70130314**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2696763**

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

**GUERIN, L. JOHN JR.  
1042 MAIN STREET  
SUITE 204  
DUNEDIN FL 34698**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVP GREEN, CARTER K. 5030 SOUTH OSO PARKWAY CORPUS CHRISTI TX 78413</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD GREEN, DIANE U. 5030 SOUTH OSO PARKWAY CORPUS CHRISTI TX 78413</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **IF REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9-9-03** Daytime Phone # **727-728-5666**

CR2E034 (4/03)

Attachment  
90156514

H02001

**L. John Guerin, Jr., P.A.**

CERTIFIED PUBLIC ACCOUNTANT

AmSouth Bank Building  
1042 Main Street  
Dunedin, Florida 34698

*L. John Guerin, Jr., C.P.A.*

Member  
AICPA  
FICPA

Post Office Box 14156

Clearwater, Florida  
Telephone (727) 738-5566  
Fax (727) 738-5577  
Mobile (727) 804-4970  
E-mail [ljgcpa@lycos.com](mailto:ljgcpa@lycos.com)

September 10, 2003

Florida Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

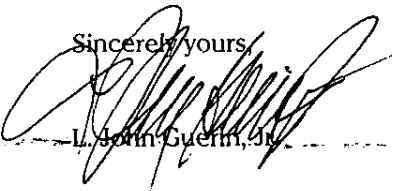
RE: National Marketing Concepts, Inc.

Dear Sir:

Under separate cover the corporation's president is requesting a waiver of the late fee, as no prior notice was received by the corporation.

If you have any questions regarding this letter, please do not hesitate to call.

Sincerely yours,



L. John Guerin, Jr.