

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90196 034 ***150.00

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DOCUMENT # P00000010458

1. Entity Name

C3I MARKETING SOLUTIONS, INC.

Principal Place of Business

P.O. BOX 510456

MELBOURNE BEACH FL 32951-0456

Mailing Address

P.O. BOX 510456

MELBOURNE BEACH FL 32951-0456

2. Principal Place of Business

3220 BEACH VIEW WAY

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MELBOURNE BEACH, FL

City & State

Zip

Country

32951

FLORIDA

Zip

Country

4. FEI Number

59-3629586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, PEDRO M
3700 SW 86TH AVENUE
MIAMI FL 33155-3224

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **DEZEGO, MICHAEL**
STREET ADDRESS **P.O. BOX 510456**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951-0456**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

MICHAEL D. DEZEGO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-25-2000 (321) 427-5293

Date

Daytime Phone #

CR2E034 (9/01)