

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000069351

FILED  
Apr 04, 2003  
Secretary of State

Entity Name: ADLER MARKETING GROUP, INC.

**Current Principal Place of Business:**

2115 N. COMMERCE PKWY.  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

2115 N. COMMERCE PKWY.  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 65-1037079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADLER, AMY  
2115 N. COMMERCE PKWY.  
WESTON, FL 33326

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ADLER, AMY  
Address: 2115 N. COMMERCE PKWY.  
City-St-Zip: WESTON, FL 33326

Title: VP ( ) Delete  
Name: ADLER, ROBERT  
Address: 2115 N. COMMERCE PKWY.  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT ADLER

MR.

04/04/2003

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date