

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 651839

1. Entity Name

X-RAY MARKETING ASSOCIATES, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90016 041 \*\*\*158.75

Principal Place of Business

Mailing Address

1205 LAKEVIEW CT  
ROMEIOVILLE IL 60441

1205 LAKEVIEW CT  
ROMEIOVILLE IL 60446-6500

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3085953

Applied For

Not Applicable

Zip

Country

Zip

Country

60446-6500

USA

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

GREEN, GLEN  
2627 SPRING PARK ROAD  
JACKSONVILLE FL 32207

Name **ROBERT KNOWLES**  
Street Address (P.O. Box Number is Not Acceptable)  
**4000 ROYAL MARCO WAY**  
**APT 922**  
City **MARCO ISLAND** FL Zip Code **34145**

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

*Robert Knowles*

2/14/2000

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	<del>SECRETARY</del>	<input type="checkbox"/> Delete
NAME	SEEGER, SANDIE	
STREET ADDRESS	981 INDUSTRY RD.	
CITY-ST-ZIP	KENNER LA	
TITLE	<del>PRESIDENT</del>	<input type="checkbox"/> Delete
NAME	ALVAREZ, TONY	
STREET ADDRESS	414 CULEBRA RD.	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	<del>TREASURER</del>	<input type="checkbox"/> Delete
NAME	WILLS, R. W	
STREET ADDRESS	2101 WASHINGTON BLVD.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	<del>VICE PRESIDENT</del>	<input type="checkbox"/> Delete
NAME	JOHNSON, JAMES	
STREET ADDRESS	2928 SIDCO DRIVE	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	<del>DIRECTOR</del>	<input type="checkbox"/> Delete
NAME	HODGES, JAMES	
STREET ADDRESS	1705 S. 5TH STREET	
CITY-ST-ZIP	LOUISVILLE KY 40208	
TITLE	<del>DIRECTOR</del>	<input type="checkbox"/> Delete
NAME	ROBERT KNOWLES	
STREET ADDRESS	4000 ROYAL MARCO WAY, APT 922	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT KNOWLES	
STREET ADDRESS	4000 ROYAL MARCO WAY, APT 922	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	

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:

*Robert S Knowles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2000

Date

(941) 394-5442

Daytime Phone #

CR2E034 (9/99)