

# 2001 UNIFORM BUSINESS REPORT (UBR)

00132 J AF

DOCUMENT # **A98000000656**

1. Entity Name

**C & R MARKETING CONSULTANTS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JAN 11 PM 3:50

Principal Place of Business

**218 BLAZER CT.  
MELBOURNE BEACH FL 32951**

Mailing Address

**218 BLAZER CT.  
MELBOURNE BEACH FL 32951**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3535146**

Applied For  
Not Applicable

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

**HANS, RICHARD P  
218 BLAZER CT.  
MELBOURNE BEACH FL 32951**

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. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$0.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME **HANS, RICHARD P**  
STREET ADDRESS **218 BLAZER CT.**  
CITY-ST-ZIP **MELBOURNE BCH. FL 32951**

STREET ADDRESS  
CITY-ST-ZIP **200003576702--7  
-01/26/01--01064--006  
\*\*\*\*150.00 \*\*\*\*150.00**

DOCUMENT #  
NAME **MARION, CHESTER E**  
STREET ADDRESS **4 STARLIGHT RD.**  
CITY-ST-ZIP **MILTON OAK RIDGE NJ 07438**

STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Richard P. Hans*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/9/01  
Date

Daytime Phone #

CR2E003 (11/00)