

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN -9 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

55040496

DOCUMENT # F0200000498

1. Entity Name

CUSTOMER FOCUSED MARKETING

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

130 E. CARPENTER FWY

3. Mailing Address

SAME

State, Apt. #, etc.

STE # 460

State, Apt. #, etc.

SAME

City & State

IRVING, TX

City & State

SAME

Zip

75062

Country

USA

Zip

SAME

Country

SAME

4. FEI Number
75-2712470

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

04/21/03 DISS 017 \$58.75

7. Name and Address of Current Registered Agent

Name: A.T. SCHWARTZ c/o ACCOUNTING PROFESSIONALS

Street Address (P.O. Box Number is Not Acceptable)

13431 N. FLORIDA AVE.

STE # B-125

City TAMPA

FL

Zip Code

33612

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in this State of Florida.

SIGNATURE: [Signature]

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. (See criteria on back)

10. Election Campaign Financing from Fund Contributions \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<u>PRESIDENT</u>
NAME	<u>ANGELA HARTZ</u>
STREET ADDRESS	<u>1908 SHUMARD OAK LN</u>
CITY-ST-ZIP	<u>IRVING, TX 75063</u>
TITLE	<u>VICE PRESIDENT</u>
NAME	<u>A.T. SCHWARTZ</u>
STREET ADDRESS	<u>1908 SHUMARD OAK LN</u>
CITY-ST-ZIP	<u>IRVING, TX 75063</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption spaces in Section 119.01(3)(b), Florida Statutes. I further certify that the information contained 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

4/16/03 972-717-3140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20348 (12/01)