

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91878 014 ***150.00

DOCUMENT # F97000001472

1. Entity Name

CHOICE SALES AND MARKETING EAST, INC.



Principal Place of Business
3933 NORTH HOYNE AVENUE
CHICAGO IL 60618

Mailing Address
3933 NORTH HOYNE AVENUE
CHICAGO IL 60618



2. Principal Place of Business

910 S. Michigan Ave
Suite, Apt. #, etc.
#1612

3. Mailing Address

47 W. Polk
Suite, Apt. #, etc.
#100-254

City & State

Chicago IL

City & State

Chicago IL

4. FEI Number

36-4096506

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME GLIDDEN, REED
STREET ADDRESS 3933 NORTH HOYNE AVENUE
CITY-ST-ZIP CHICAGO IL 60618 ☐ Delete

TITLE S
NAME GLIDDEN, SHARON
STREET ADDRESS 3933 NORTH HOYNE AVENUE
CITY-ST-ZIP CHICAGO IL 60618 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 47 W. Polk #100-254
CITY-ST-ZIP Chicago IL 60605 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 47 W Polk #100-254
CITY-ST-ZIP Chicago IL ☒ Change ☐ Addition

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon Glidden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 312-935-2327

Date

Daytime Phone #

CR2E034 (10/02)