

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H05332

1. Entity Name

CAPTIVE SALES AND MARKETING, INC.

DBA Captive Advertising  
DBA R. Stroh & Co  
DBA Stroh Marketing

FILED

May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90495 030 \*\*\*150.00

Principal Place of Business ← SAME → Mailing Address

5121 SW 90 AVE  
STE 4  
COOPER CITY FL 33328  
US

11901 SAILBOAT DRIVE  
COOPER CITY FL 33026-1027

2. Principal Place of Business

3. Mailing Address

11901 SAILBOAT DR  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Cooper City FL  
Zip 33026 Country USA

City & State

Zip

Country

4. FEI Number

59-2392200

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

STROH, RICHARD  
11901 SAILBOAT DRIVE  
COOPER CITY FL 33026

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. 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	PD	<input type="checkbox"/> Delete
NAME	STROH, RICHARD	
STREET ADDRESS	11901 SAILBOAT DRIVE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Richard Stroh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-00 954 4359847

CR2E034 (9/99)