

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90315 044 ***150.00

DOCUMENT # P00000057300

1. Entity Name
C.T.R. MARKETING INC.

Principal Place of Business

Mailing Address

**2109 PALM AVE
 SUITE 306
 TAMPA FL 33605**

**2109 PALM AVE
 SUITE 306
 TAMPA FL 33605**

2. Principal Place of Business

3. Mailing Address

**7563 Philips Highway
 Suite, Apt. #, etc.
 Suite 206**

**7563 Philips Highway
 Suite, Apt. #, etc.
 Suite 206**

City & State

City & State

Jacksonville Florida

Jacksonville Florida

Zip

Country

Zip

Country

32250

USA

32250

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUPPERT, CHRISTOPHER T
 2109 PALM AVE
 SUITE 306
 TAMPA FL 33605**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D RUPPERT, CHRISTOPHER T 2109 PALM AVE SUITE 306 TAMPA FL 33605	<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

02 114

CR2E034 (10/00)