

# 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  
 Jacksonville Florida**

**City & State  
 Jacksonville Florida**

**Zip  
 32250**

**Country  
 USA**

**Zip  
 32250**

**Country  
 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3653388** 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

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

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: DATE Daytime Phone #

CR2E034 (10/00)