

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90741 020 ***150.00

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DOCUMENT # P00000058309

1. Entity Name

ZIP CODE TARGET MARKETING, INC.



Principal Place of Business
**3471 N. FEDERAL HIGHWAY
FT. LAUDERDALE FL 33306**

Mailing Address
**3471 N. FEDERAL HIGHWAY
FT. LAUDERDALE FL 33306**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
#400

Suite, Apt. #, etc.
#400

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1016506**

Applied For
Not Applicable

Zip Country

Zip Country

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

**CROUCH, JAY
1339 N. BISCAYNE POINT ROAD
MIAMI BEACH FL 33141**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CROUCH, JAY	
STREET ADDRESS	3471 N FEDERAL HWY 506 400	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYNER, DALE	
STREET ADDRESS	3471 N. FEDERAL HWY 506 400	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	SHELDON, ROBERT	
STREET ADDRESS	3471 N FEDERAL HWY 506 400	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brad Crouch	
STREET ADDRESS	3471 n Federal Hwy #400	
CITY-ST-ZIP	Ft Lauderdale FL 33306	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **BRAD CROUCH** **SIGNATURE REQUIRED** **Brad Crouch** **4/8/03** **9545618890**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)