

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**  
 05-24-2001 90497 015 \*\*\*150.00

**DOCUMENT #** P00000084352

**1. Entity Name**  
 Customers For Sale, Inc.

**Principal Place of Business**      **Mailing Address**  
 5836 NW 123 Ave.      5836 NW 123 Ave.  
 Coral Springs, Fl. 33706      Coral Springs, Fl. 33706

**2. Principal Place of Business**      **3. Mailing Address**  
 245 No. Ocean Dr.      245 No. Ocean Dr.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 305      305

**City & State**      **City & State**  
 Deerfield Beach, Fl.      Deerfield Beach, Fl.

**Zip**      **Country**      **Zip**      **Country**  
 33441           33441          

**4. FEI Number**      **Applied For**  
 65-1037826      ☐ Not Applicable

**5. Certificate of Status Desired**      ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

Reese Siegel  
 5836 NW 123 Ave.  
 Coral Springs, Fl. 33706

**7. Name and Address of New Registered Agent**

**Name**  
 Street Address (P.O. Box Number is Not Acceptable)  
 245 No. Ocean Dr., Suite # 305  
 City      **FL**      **Zip Code**  
 Deerfield Beach      33441

**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**  **Hudson, James Brett**      **DATE** **4/27/01**  
(Signature, typed or printed name of registered agent and title if applicable.)      (NOT: Registered Agent signature required when reinstating)

**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**      ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	S/T/CFO/D Siegel, Vance
<b>STREET ADDRESS</b>	501 NE 5th Ave.
<b>CITY-ST-ZIP</b>	Boca Raton, Fl. 33432
<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	P/C/CEO/D Hudson, James Brett
<b>STREET ADDRESS</b>	5836 NW 123 Ave.
<b>CITY-ST-ZIP</b>	Coral Springs, Fl. 33706
<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	C/O/D Bowman, Brad
<b>STREET ADDRESS</b>	630 Curlew Rd.
<b>CITY-ST-ZIP</b>	Delray Beach, Fl. 33444
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**  **Hudson, James Brett**      **DATE** **4/27/01**      **Daytime Phone #** **954-570-5220**  
(Signature and typed or printed name of signing officer or director)

CR2E034 (11/00)