

FILED  
Apr 09, 2002 8:00 am  
Secretary of State

04-09-2002 90733 013 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <i>P01000011426</i>			
1. Entity Name <i>Central Florida Marketing, Inc.</i>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <i>PO Box 5598</i> Suite, Apt. #, etc.		3. Mailing Address <i>PO Box 5598</i> Suite, Apt. #, etc.	
City & State <i>Clearwater FL</i>		City & State <i>Clearwater FL</i>	
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
7. Name and Address of Current Registered Agent Name <i>Spiegel + Utrera, PA</i> Street Address (P.O. Box Number is Not Acceptable) <i>343 Almerica Avenue</i> City <i>Coral Gables FL</i> Zip Code <i>33134</i>			
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 _____ (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. <input checked="" type="checkbox"/>		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP <i>PSTD Roger D. Woodruff 640 N. Hubert Avenue Tampa FL 33614</i>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Roger Woodruff</i> President		3/26/02 727-804-2111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/01)