2002 UNIFORM BUSINESS REPORT (UBR)

P01000110510 **DOCUMENT #** 1. Entity Name RUBICAM STRATEGIC ALLIANCE, INC. Mailing Address Principal Place of Business 12260 WILLOW GROVE RD. BLDG. #2 12260 WILLOW GROVE RD. BLDG. #2 CAMDEN DE 19934

CAMDEN DE 19934

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90133 025 ***150.00



2. Principal Place of Business			3. Ma	3. Mailing Address				(() () () ()					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State				City & State			4.	4. FEI Number Applied For Not Applicable					
Zip	Country			Zip Country		ry	5.	Certificate of	Status Desired	j 🗆	\$8.75 A Fee Requi		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
							Name						
FLETCHE	r, W. Rick			Street Address			Idress (P.O. I	ss (P.O. Box Number is Not Acceptable)					
360 S SHORE DR													
SARASOT	A FL 3423	4											
							City FL Zip Code						
8. The above	named entit	y submits this statemer	nt for the pur	pose of changing its	s registere	ed office or	registered ag	gent, or both,	in the State of	Florida.			
•		,	·		•								
SIGNATURE _													
0,0,1,1,0,12	Signature, typed	or printed name of registered as	gent and title if a	oplicable. (NOT	TE: Registere	d Agent signatu	re required when r	reinstating)		DA	TE		
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 After May 1, 2002 Fee will Make Check Payable to Depa			50.00	1	on Campaign Fund Contribu			.00 May Be ed to Fees	
11. OFFICERS AND DIRECTORS							Α[DDITIONS/CH	IANGES TO C	FFICERS /	AND DIRECTO	RS IN 11	
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STREET ADDRESS					STRE	ET ADDRESS							

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.