

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05190

1. Entity Name

CUSTOMIZED MAILING LISTS, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90054 048 ***150.00

Principal Place of Business Mailing Address
 LEWIS A. SWARTZ, CPA C/O LEWIS A. SWARTZ, CPA
 JERICHO TPKE STE 209W 6800 JERICHO TPKE STE 209W
 SYOSSET NY 11791 SYOSSET NY 11791 4439

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2459574 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 WALKER, RAYMOND B.
 1906 FIELD ROAD
 SARASOTA FL 34231

7. Name and Address of New Registered Agent
 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 Signature, typed or printed name of registered agent and title if applicable. (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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
 TITLE PS ☐ Delete
 NAME WALKER, RAYMOND B.
 STREET ADDRESS 1906 FIELD ROAD
 CITY-ST-ZIP SARASOTA FL
 TITLE D ☐ Delete
 NAME MORRIS, LUCILLE
 STREET ADDRESS 1906 FIELD ROAD
 CITY-ST-ZIP SARASOTA FL
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
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 CITY-ST-ZIP
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 *Raymond B. Walker* RAYMOND B. WALKER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2000 941 941 6500
 Date Daytime Phone #

CR2E034 (9/99)