

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000032405

1. Entity Name

C T S MARKETING, INC.

Principal Place of Business

494 N JONES ST
#106
AMBOY IL 61310
US

Mailing Address

P O BOX 41
AMBOY IL 61310-0041
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0574710

Applied For
Not Applicable

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

WELLER, S C II

8000 PASADENA BOULEVARD

#105

PEMBROKE PINES FL 33024

Name

Street Address (P.O. Box Number is Not Acceptable)

7705 DAVIE ROAD EXTENSION

City

HOLLYWOOD

FL

Zip Code

33024

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 *S. CLIFFORD WELLER II*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/12/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDM	<input type="checkbox"/> Delete
NAME	WELLER, S C	
STREET ADDRESS	494 N JONES ST	
CITY-ST-ZIP	AMBOY IL 61310	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WELLER, PATRICIA	
STREET ADDRESS	494 N JONES ST	
CITY-ST-ZIP	AMBOY IL 61310	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEIDMAN, BROOKE	
STREET ADDRESS	449 N JONES ST	
CITY-ST-ZIP	AMBOY IL 61310	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

S. Clifford Weller II S. CLIFFORD WELLER II PRESIDENT 01/12/2000 (815) 857-3742

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90182 029 ***150.00

A0006872



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)