

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 16, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P96000042631**1. Entity Name  
**FIRST RESPONSE MARKETING, INC.**Principal Place of Business  
750 S.W. 12TH AVENUE  
POMPAÑO BEACH FL 33069 USMailing Address  
750 S.W. 12TH AVENUE  
POMPAÑO BEACH FL 33069 US2. Principal Place of Business  
1020 SW 10TH AVE  
Suite, Apt. #, etc.  
SUITE 23. Mailing Address  
1020 SW 10TH AVE  
Suite, Apt. #, etc.  
SUITE 2City & State  
POMPAÑO BEACH FLCity & State  
POMPAÑO BEACH FLZip Country  
33069 USZip Country  
33069 US4. FEI Number  
**65-0667580**  
Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****BUDOWSKI WALTER**  
760 S.W. 12TH AVENUE  
POMPAÑO BEACH FL 33069 US**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 \_\_\_\_\_ **04/16/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
D	ALBURY KEVIN	6615 PAMELA LANE	WEST PALM BEACH FL 33405	<input type="checkbox"/> Delete
ST	BUDOWSKI KATHLEEN O	580 PINE HOLLOW LANE	WEST PALM BEACH FL 33413	<input type="checkbox"/> Delete
P	BUDOWSKI WALTER D	580 PINE HOLLOW LANE	WEST PALM BEACH FL 33413	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
S	BUDOWSKI KATHLEEN O	750 SW 12TH AVE	POMPAÑO BEACH FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P	BUDOWSKI WALTER D	13831 NW 22ND CRT	SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: WALTER DERRICK BUDOWSKI****PRES 04/16/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)