

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

PA 600082654

*REX MARKETING CO.*

Principal Place of Business

Mailing Address

2765 NE 35<sup>th</sup> St.  
Ft. Lauderdale, FL 33306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country  
*Florida*

Zip  
*33306*

Country

4. FEI Number

*65-0717565*

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

*Frank Schenck  
2765 NE 35<sup>th</sup> St.  
Ft. Lauderdale, FL 33306*

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

*Frank Schenck*

*5/24/01*

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, 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

*President  
Frank Schenck  
2765 NE 35<sup>th</sup> St.  
Ft. Lauderdale, FL 33306*

Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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CITY-ST-ZIP

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TITLE  
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CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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:

*Frank Schenck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/24/01*

Daytime Phone #

CR2E034 (1/00)

FILED  
May 18, 2001 8:00 am  
Secretary of State

05-18-2001 90010 030 \*\*\*158.75

A0063271

DO NOT WRITE IN THIS SPACE