

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90061 020 ***150.00

DOCUMENT # P96000103522

1. Entity Name

CUSTOMER ACQUISITION GROUP, INC.

Principal Place of Business

4752 U.S. HWY 19
NEW PORT RICHEY F: 34652

4124-LITTLE RD

NEW PORT RICHEY, FL 34655

Mailing Address

4752 U.S. HWY 19
NEW PORT RICHEY F: 34652

4124-LITTLE RD

NEW PORT RICHEY, FL 34655

2. Principal Place of Business

4124-LITTLE ROAD

Suite, Apt. #, etc.

3. Mailing Address

4124-LITTLE RD

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY

Zip

34655

Country

USA

City & State

NEW PORT RICHEY, FL

Zip

34655

Country

USA

4. FEI Number 59-3416033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, CARL M
4752 U.S. HWY 19
NEW PORT RICHEY FL 34652

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, 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 PD
NAME HARRIS, CARL M
STREET ADDRESS 4752 US HWY 19
CITY-ST-ZIP NEW PORT RICHEY FL 34652

☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HARRIS, CARL M
STREET ADDRESS 4124-LITTLE RD
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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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:

Carl M. Harris

CARL M. HARRIS

2-26-01

2374944000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)