

**FOR PROFIT CORPORATION
FORM BUSINESS REPORT (UBR)**

DOCUMENT # **PA7000002017**

1. Entity Name

CGR Marketing, Inc.

FILED

02 JUL 22 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1590 SW 9th Street

3. Mailing Address

1590 SW 9th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200006700732--6

07/26/02-01028--024

****300.00 ****300.00

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

05-0722304

Applied For

Not Applicable

Zip

33486

Country

USA

Zip

33486

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Relick, CG

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

1590 SW 9th Street

City

Boca Raton

FL

Zip Code

33486

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IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**Pres
Relick, CG
1590 SW 9th Street
Boca Raton, FL 33486**

TITLE
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IN THIS SPACE**

[Handwritten Signature]

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Christine G. Relick, President 4-30-02 95A-415-3584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)