

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90288 050 \*\*\*150.00

**DOCUMENT # P97000091489**

1. Entity Name

**REED ROBERTS MARKETING COMMUNICATIONS, INC.**

Principal Place of Business

**5130 FOX HALL DR. N.  
WEST PALM BEACH FL 33417  
US**

Mailing Address

**5130 FOX HALL DR. N.  
WEST PALM BEACH FL 33417  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0790253**Applied For  
Not Applicable5. 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

**ZELLER, RONALD J**~~**411 SOUTH COUNTY ROAD  
SUITE 200  
PALM BEACH FL 33480**~~

Name

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

**222 LAKEVIEW AVE. #260****WEST PALM BEACH FL 33401**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	MARX, ROBERT R	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	5130 FOX HALL DR N.		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		
V	RAYSIDE, THOMAS H	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	5543 EDMONDS PIKE #187		
CITY-ST-ZIP	NASHVILLE TN 37211		
ST	TOD, ANDREW S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<del>2300 PALM BEACH LAKES BLVD #300</del>		
CITY-ST-ZIP	<del>WEST PALM BEACH FL 33400</del>		
AS	ZELLER, SUZANNE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<del>411 SOUTH COUNTY ROAD, SUITE 200</del>		
CITY-ST-ZIP	<del>PALM BEACH FL 33480</del>		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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 empowers.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)