

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90129 044 ***150.00

DOCUMENT # P97000096852

1. Entity Name
CONSULTANT MARKETING RESOURCES, INC.



Principal Place of Business

~~211 LAKE POINTE DRIVE~~
~~SUITE 110~~
~~OAKLAND PARK FL 33309~~

Change Please

Mailing Address

~~211 LAKE POINTE DRIVE~~
~~SUITE 110~~
~~OAKLAND PARK FL 33309~~

2. Principal Place of Business

20221 S.W. 49th ct
Suite, Apt. #, etc.

3. Mailing Address

20221 S.W. 49th ct
Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL.

Zip
33332

Country
Broward

City & State

Fort Lauderdale, FL.

Zip
33332

Country
Broward

4. FEI Number

65-0798906

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, SHERRI B
1868 N. UNIVERSITY DRIVE
SUITE 306
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name
Scott A. Hewel S.P.D.
Street Address (P.O. Box Number is Not Acceptable)
20221 S.W. 49th ct.
City
Fort Lauderdale **FL** **Zip Code**
33332

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Scott A. Hewel
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SPD	<input type="checkbox"/> Delete
NAME	HEWEL, SCOTT A	
STREET ADDRESS	211 LAKE POINTE DRIVE STE 110	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hewel, Scott A.	
STREET ADDRESS	20221 S.W. 49th ct.	
CITY-ST-ZIP	Fort Lauderdale, FL. 33332	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Scott A. Hewel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 15th 02 954 680-7023

CR2E034 (10/02)