

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017117

1. Entity Name

J & R MARKETING CONCEPTS, INC.



**FILED**  
**Jul 16, 2003 8:00 am**  
**Secretary of State**

07-16-2003 90046 007 \*\*\*150.00

0084079 AV

Principal Place of Business

2080 NW 2ND AVE  
#6  
BOCA RATON FL 33431

Mailing Address

2080 NW 2ND AVE  
#6  
BOCA RATON FL 33431

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

21319 Placida Terrace

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

Country

33433

Country

4. FEI Number 65-0814537

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TILLEM, SCOTT E  
10 FAIRWAY DRIVE  
SUITE 219  
DEERFIELD BEACH FL 33441

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 PD  
NAME ROBINS, JEFFREY  
STREET ADDRESS 21319 PLACIDA TERR  
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE VP  
NAME ROBINS, ROBERT  
STREET ADDRESS 21319 PLACIDA TERR  
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE TS  
NAME ROBINS, RONDA  
STREET ADDRESS 2131 PLACIDA TERR  
CITY-ST-ZIP BOCA RATON FL 33433 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Handwritten Signature*  
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-03

Date

561-451-0080

Daytime Phone #

CR2E034 (4/03)