

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/1

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90066 048 \*\*\*150.00

**DOCUMENT # P99000043367**

1. Entity Name  
**CRD MARKETING, INC.**

Principal Place of Business 6601 LYONS ROAD STE. 110 COCONUT CREEK FL 33073	Mailing Address 6601 LYONS ROAD STE. 110 COCONUT CREEK FL 33073-3631
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>52-2176764</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>ELEFANT, FRED</b> 1650 PRUDENTIAL DR. STE. 105 JACKSONVILLE FL 32207				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>Vice President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>KRAEMER, MARK</b>	NAME			
STREET ADDRESS	<b>2651 FOREST CIRCLE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>EDWARDS, ROBERT</b>	NAME			
STREET ADDRESS	<b>12914 HYLAND CIRCLE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WESTON, STEVEN</b>	NAME			
STREET ADDRESS	<b>2486 COMFORT WEST</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BLOOMFIELD MI 48323</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

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: *Robert Edward* 2-16-00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*President*

CR2E034 (9/99)