

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90063 038 ***150.00

DOCUMENT # P99000081151

1. Entity Name
CGS LIFE MARKETING SERVICES, INC.

Principal Place of Business
4300 N UNIVERSITY DRIVE, SUITE B-205
LAUDERHILL FL 33551

Mailing Address
4300 N UNIVERSITY DRIVE, SUITE B-205
LAUDERHILL FL 33551

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2192931

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. 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

SCHULER, JAMES F
4300 N UNIVERSITY DRIVE, SUITE B-205
LAUDERHILL FL 33551

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.

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHULER, JAMES F	
STREET ADDRESS	4300 N UNIVERSITY DRIVE, SUITE B-205	
CITY-ST-ZIP	LAUDERHILL FL 33551	
TITLE	D	<input type="checkbox"/> Delete
NAME	PURE, ROBERT H	
STREET ADDRESS	4300 N UNIVERSITY DRIVE, SUITE B-205	
CITY-ST-ZIP	LAUDERHILL FL 33551	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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: *James F. Schuler*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/2002 954-749-0708
 Date Daytime Phone #

0047463 AV

CR2E034 (9/01)