

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90064 041 ***150.00

0355004 AV

DOCUMENT # P99000099217

1. Entity Name
COMANCHE MARKETING AND MANAGEMENT, INC

Principal Place of Business
4800 RIVERSIDE DR
STE 200
WEST PALM BEACH FL 33410

Mailing Address
4800 RIVERSIDE DR
STE 200
WEST PALM BEACH FL 33410

006210



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4800 Riverside Dr

Suite, Apt. #, etc.

Suite 200

3. Mailing Address

4800 Riverside Dr.

Suite, Apt. #, etc.

Suite 200

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

4. FEI Number **65-0963404**

Applied For
Not Applicable

Zip
33410

Country
USA

Zip
33410

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

POSTEN, ROBERT
2810 BIARRITZ DR.
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

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

4800 Riverside Dr.

Suite 200

City **Palm Beach Gardens** **FL** **Zip Code** **33410**

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

4/22/02

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

TITLE **P** ☐ **Delete**
NAME **POSTEN, ROBERT**
STREET ADDRESS **2810 BIARRITZ DRIVE**
CITY-ST-ZIP **PALM BEACH GARDEN FL 33410**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/19/02 **561-630-2500**
Date **Daytime Phone #**

CR2E034 (9/01)