

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90069 040 \*\*\*150.00

0000076 AV

**DOCUMENT # P00000087603**  
 1. Entity Name  
**THE BILMARK GROUP, INC.**

Principal Place of Business      Mailing Address  
**1530 CYPRESS DR. #F**      **1530 CYPRESS DR. #F**  
**JUPITER FL 33469**      **JUPITER FL 33469**



2. Principal Place of Business      3. Mailing Address  
**1311 COMMERCE LANE**      **1311 COMMERCE LANE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#18**      **#18**  
 City & State      City & State  
**JUPITER, FL**      **JUPITER, FL**

DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**65-1039729**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**GIBSON, WILLIAM**  
**1530 CYPRESS DR. #F**  
**JUPITER FL 33469**

7. Name and Address of New Registered Agent  
 Name **GIBSON, WILLIAM**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1311 COMMERCE LANE**  
**#18**  
 City **JUPITER**      **FL**      **33458**

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 *William C. Gibson*      **1/9/02**  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GIBSON, WILLIAM</b> <b>17695 126TH TERRACE</b> <b>JUPITER FL 33478</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GREENE, MARK</b> <b>18329 LOXAHATCHEE RIVER ROAD</b> <b>JUPITER FL 33458</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>GREENE, MARK</b> <b>18329 LOXAHATCHEE RIVER ROAD</b> <b>JUPITER FL 33458</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>MARK GREENE</b> <b>18329 LOXAHATCHEE RIVER RD</b> <b>JUPITER, FL 33458</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>VP</b> <b>GIBSON, WILLIAM</b> <b>17695 126TH TERRACE</b> <b>JUPITER, FL 33478</b></del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NICE PRESIDENT</b> <b>WILLIAM GIBSON</b> <b>17695 126th TERRACE</b> <b>JUPITER, FL 33478</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC-TREASURER</b> <b>WILLIAM GIBSON</b> <b>17695 126th TERRACE</b> <b>JUPITER, FL 33478</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *William C. Gibson*      **1-9-02**      **561 7482666**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)