2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000070216 Apr 06, 2000 8:00 am 1. Entity Name Secretary of State BASECK MARKETING, INC. BERNARD ECK, P.A. 04-06-2000 90009 008 ***150.00 Principal Place of Business Mailing Address 6822 22ND AVENUE NORTH 4547 30 AVE N **SUITE 324** ST PETERSBURG FL 33713 ST PETERSBURG FL 33710-3918 2. Principal Place of Business 3. Mailing Address 4547 30 AVE. NORTH Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3465338 ST. PETERSBURG, FL Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 33713-2109 Fee Required 6:-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, WALTER E Street Address (P.O. Box Number is Not Acceptable) 1301 4 ST N ST PETERSBURG FL 33701 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE ☐ Change Addition TITLE ECK, BERNARD L NAME NAME STREET ADDRESS STREET ADDRESS 4547 30 AVE N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33713 ☐ Addition Delete ☐ Change TITLE TITLE ECK, SHIRLEY A NAME STREET ADDRESS 4547 30 AVE N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33713 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DELE DELE DESCRIPTION DE DES DESCRIPTION DE DE DES DESCRIPTION DE DE DES DESCRIPTION DE DES DESCRIPTION DE DES DESCRIPTION DE DES DESCRIPTION DE DESCRIPTION D