

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000102089

1. Entity Name
FAITH MARKETING GROUP, INC.

Principal Place of Business
2200 TALL PINES DRIVE
SUITE 106
LARGO FL 33771

Mailing Address
2200 TALL PINES DRIVE
SUITE 106
LARGO FL 33771

2. Principal Place of Business

13191 Starkey Rd

Suite, Apt. #, etc.

Suite #6

City & State

Largo Florida

Zip

Country

Arnellas

3. Mailing Address

13191 Starkey Rd

Suite, Apt. #, etc.

Suite #6

City & State

Largo Florida

Zip

Country

Arnellas

4. FEI Number

59-374941A

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOWE, JULIE
2200 TALL PINES DRIVE
SUITE 106
LARGO FL 33771

7. Name and Address of New Registered Agent

Name

JULIE BOWE

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

11391 Starkey Rd #6

Largo FL 33770

City

Largo

FL

Zip Code

33770

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWE, JULIE 1050 PARK VIEW LANE LARGO FL 33770	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES, USA 11038 110TH WAY NORTH LARGO FL 33778	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATAICCHIERO, CHRISTINE 11070 90TH TERRACE, NORTH SEMINOLE FL 33772	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

727538233

Date

Daytime Phone #

FILED

04-23-2002 90412 002 ***150.00
02 JUN 27 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

87522



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)