

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90086 030 \*\*\*158.75

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**DOCUMENT # 337622**

1. Entity Name  
**WITCH MARKETING INC**

Principal Place of Business  
**1015 THOMAS RD.**  
**P.O. BOX 491638**  
**LEESBURG FL 34748-1638**

Mailing Address  
**1015 THOMAS RD.**  
**P.O. BOX 491638**  
**LEESBURG FL 34748-1638**  
**US**



2. Principal Place of Business  
**2727 West Main Street**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 491638**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Leesburg, Florida**

City & State  
**Leesburg, Florida**

4. FEI Number  
**59-1281069**

Applied For  
 Not Applicable

Zip Country  
**34748 Lake**

Zip Country  
**34749-1638 Lake**

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

6. Name and Address of Current Registered Agent

**BJORN, JUDY**  
**1210 LA SALIDA WAY**  
**LEESBURG FL 34748**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**5525 Banana Point Drive**  
 City State Zip Code  
**Okahumpka FL 34762**

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 *Judy Bjorn* DATE *3/27/02*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BJORN, JUDY</b> <b>1210 LA SALIDA WAY</b> <b>LEESBURG, FL 00000</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDS</b> <b>BJORN, JUDITH</b> <b>1210 LA SALIDA WAY</b> <b>LEESBURG, FL 00000</b>	<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
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5525 Banana Point Drive</b> <b>Okahumpka, Florida 34762</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Secretary, Treasurer</b> <b>5525 Banana Point Drive</b> <b>Okahumpka, Florida 34762</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Vice President</b> <b>Thomas G. Garner</b> <b>6251 N.E. 2nd Place</b> <b>Ocala, Fl. 34470</b>	
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
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: *Judy Bjorn* President Date *3/27/02* Daytime Phone # *352-787-7607*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)