

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H92098

1. Entity Name

BANK MARKETING, INC.

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90025 012 \*\*\*150.00

Principal Place of Business

6801 LAKE WORTH RD 214  
LAKE WORTH FL 33462  
US

Mailing Address

6801 LAKE WORTH RD 214  
LAKE WORTH FL 33462  
US

2. Principal Place of Business

6428 Lake Worth Rd

3. Mailing Address

6428 Lake Worth Rd

Suite, Apt. #, etc.

#607

Suite, Apt. #, etc.

#607

City & State

Lake Worth FL

City & State

Lake Worth FL

Zip

33463

Country

Zip

33463

Country

4. FEI Number 59-2757328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

O'CONNELL, J.F.  
6801 LAKE WORTH RD  
214  
LAKE WORTH FL 33867

7. Name and Address of New Registered Agent

Name J.F. O'Connell

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

6428 Lake Worth Rd #607

Lake Worth FL

City

FL

Zip Code 33463

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

*J.F. O'Connell*

J.F. O'Connell

3/16/2001

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, 2001 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 D ☐ Delete  
NAME O'CONNELL, J.F.  
STREET ADDRESS 6801 LAKE WORTH RD # 214  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE D ☐ Delete  
NAME O'CONNELL, KR  
STREET ADDRESS 6801 LAKE WORTH RD #214  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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:

*J.F. O'Connell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/2001

Date

561-968-3018

Daytime Phone #

CR2E034 (10/00)