

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90027 030 ***150.00

DOCUMENT # H92098

1. Entity Name

BANK MARKETING, INC.

Principal Place of Business

**6428 LAKE WORTH RD
 #607
 LAKE WORTH FL 33463
 US**

Mailing Address

**6428 LAKE WORTH RD
 #607
 LAKE WORTH FL 33463
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

**O'CONNELL, J.F.
 6428 LAKE WORTH RD
 #607
 LAKE WORTH FL 33463**

Name

Adam Besson

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

20283 State Rd. 7 #400

City

Boca Raton

FL

33498

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

Adam Besson & Adam Besson

4/24

Signature, typed or printed name of registered agent and date 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **J.F. O'CONNELL, DIR.** ☒ Change ☐ Addition
 NAME **118 WASHINGTON ST, # 14**
 STREET ADDRESS **Holliston, MA 01746**
 CITY-ST-ZIP

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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, then all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John O'Connell

4/23

Date

Daytime Phone #

CR2E034 (9/01)