

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90160 017 ***150.00

DOCUMENT # **P010000032379** ✓

1. Entity Name

BILMAR MARKETING INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12294 OAK ST.

3. Mailing Address

12294 OAK ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LARGO FL

City & State

LARGO, FL

4. FEI Number

59-3714134

Applied For

Not Applicable

Zip

33774

Country

U.S.A

Zip

33774

Country

U.S.A

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

William P. Kress

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

12294 OAK ST.

City

LARGO

FL

Zip Code

33774

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.

Registered Agent Remains the same

SIGNATURE

William P. Kress

William P. Kress

4-8-02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	DIRECTOR William P. Kress 12294 OAK ST. LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT William P. Kress 12294 OAK ST. LARGO FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER William P. Kress 12294 OAK ST. LARGO FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY William P. Kress 12294 OAK ST. LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William P. Kress has all positions of corp
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **William P. Kress**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)