

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90071 026 ***150.00

0421256 AV

DOCUMENT # P01000100527

1. Entity Name
D.REC MARKETING, INC.

Principal Place of Business
207 WEST MINNEHAHA STREET
TAMPA FL 33604

Mailing Address
207 WEST MINNEHAHA STREET
TAMPA FL 33604



2. Principal Place of Business
4025 W. Waters Ave.
 Suite, Apt. #, etc.
Suite #105
 City & State
Tampa FL
 Zip
33614

3. Mailing Address
4025 W. Waters Ave
 Suite, Apt. #, etc.
Suite #105
 City & State
Tampa FL
 Zip
33614
 Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number
593749156
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *William A. Bayse*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02-13-02
 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 **PSTD** ☐ Delete
 NAME **BAYSE, WILLIAM**
 STREET ADDRESS **207 WEST MINNEHAHA STREET**
 CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Change ☒ Addition
 NAME **Alan Blizzard**
 STREET ADDRESS **8212 Peterson Rd**
 CITY-ST-ZIP **Odessa, FL 33556**

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

TITLE ☐ Change ☐ Addition
 NAME
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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: *William A. Bayse* **William A. Bayse** **02/13/02 (813) 890-8663**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)