2002 UNIFORM BUSINESS REPORT (UBR)

FILED

04-23-2002 90412 002 ***150.00
02 JUN 27 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
87522

DOCUMENT # P01000102089

1. Entity Name
FAITH MARKETING GROUP, INC.

Principal Place of Business	Mailing Address
2200 TALL PINES DRIVE SUITE 106 LARGO FL 33771	2200 TALL PINES DRIVE SUITE 106 LARGO FL 33771

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13191 Starkey Rd	13191 Starkey Rd
Suite, Apt. #, etc. Suite #6	Suite, Apt. #, etc. Suite #6
City & State Larad Florida	City & State Largo Florida
Zip / Country Pinellas	Zip 33773 / Country Pinellas

4. FEI Number 59-3749469 ☐ 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
BOWE, JULIE 2200 TALL PINES DRIVE SUITE 106 LARGO FL 33771	Name: Julie Bowe Street Address (P.O. Box Number Is Not Acceptable): 13191 Starkey Rd #6 Largo FL 33770 City: Largo FL Zip Code: 33773

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: Julie Bowe 4/12/02
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) ☐

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	PD BOWE, JULIE 1050 PARK VIEW LANE LARGO FL 33770	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHARLES, LISA 11098 110TH WAY NORTH LARGO FL 33778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MATACCHIERO, CHRISTINE 11070 90TH TERRACE, NORTH SEMINOLE FL 33772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: Julie Bowe 4/12/02 7275382303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #