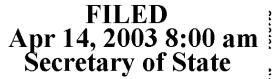
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P02000108125 **DOCUMENT #** 1. Entity Name BUILLARD MARKETING INC



04-14-2003 90392 048 \*\*\*150.00

BOLLAND WAITELING, INC.				<b>7</b>
Principal Place of Business C/O B.M. BULLARD 10049 CHATHAM OAKS CT ORLANDO FL 32836		Mailing Address C/O B.M. BULLARD 10049 CHATHAM OAKS ( ORLANDO FL 32836	टा	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number Applied For SS - 679 4900 Not Applied For Not Applicable
Zip	Country	Zip	Country	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
DINI ADD PERMADO M			Name	
BULLARD, BERNARD M 10049 CHATHAM OAKS CT			Street Address	s (P.O. Box Number is Not Acceptable)
ORLANDO FL 32836				
			City	FL Zip Code
SIGNATURE	Signature, typed or printed name of jegistered agen  ILE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00	t and title if applicable. (NOT	E: Registered Agent signature requi	9. Election Campaign Financing \$5.00 May Be
Make Check Payable to Florida Department of State				Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bullard, B.M. 10049 Chatham Oaks Ct Orlando Fl 32836	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLARD, M.W. 10049 CHATHAM OAKS CT ORLANDO FL 32836	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP  TITLE  NAME		☐ Delete	CITY-ST-ZIP  TITLE  NAME  CITYCL ADDRESS	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIC<del>MATURE REQUIR</del>ED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR