

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

DOCUMENT # P93000021762

1. Entity Name

EFC MARKETING AMERICA, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
907 E. MELBOURNE AVE.  
Suite, Apt. #, etc.

3. Mailing Address  
907 E. MELBOURNE AVE  
Suite, Apt. #, etc.

City & State  
MELBOURNE, FL.

City & State  
MELBOURNE, FL.

Zip  
32901

Country  
USA

Zip  
32901

Country  
USA

4. FEI Number  
65-0398608

Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent

Name  
BRUCE R. SHEARER

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

907 E. MELBOURNE AVE

City  
MELBOURNE

FL Zip Code  
32901

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/02

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

PRESIDENT/DIRECTOR  
BRUCE ROBERT SHEARER  
907 E. MELBOURNE AVE  
MELBOURNE, FL. 32901

TITLE  
NAME  
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 117, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, and all other like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE  
IN THIS SPACE**