

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000038628**1. Entity Name  
**BCMI, INC.****FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90140 022 \*\*\*150.00

Principal Place of Business <b>17 SPRING MEADOWS DR ORMOND BEACH FL 32174 US</b>	Mailing Address <b>17 SPRING MEADOWS DR ORMOND BEACH FL 32174 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3215678</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CHURCH, BRIAN E</b> (Delete) <b>435 S RIDGEWOOD AVE</b> <b>DAYTONA BEACH FL 32114</b>	7. Name and Address of New Registered Agent Name <u>Allyson Brown</u> Street Address (P.O. Box Number is Not Acceptable) <u>17 Spring Meadows Dr</u> City <u>Ormond Bch</u> <b>FL</b> Zip Code <u>32174</u>
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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 Allyson Brown Allyson Brown Pres 1/4/01  
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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: Allyson Brown Pres Allyson Brown 1/4/01 904 255-8323  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)