

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90090 008 ***150.00

DOCUMENT # P93000038628

1. Entity Name

BCMI Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1501 Ridgewood Ave

Suite, Apt. #, etc.

Suite 207A

City & State

Holly Hill FL

Zip

32117

Country

US

3. Mailing Address

P O Box 1001

Suite, Apt. #, etc.

City & State

Daytona Bch FL

Zip

32115

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3215678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Allyson Brown

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

17 Spring meadows Dr

City

Ormond Bch

FL

Zip Code

32174

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

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 Pres., D, S
NAME Allyson Brown
STREET ADDRESS 17 Spring meadows Dr
CITY-ST-ZIP Ormond Bch FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP, T, D
NAME Isaac Brown
STREET ADDRESS 17 Spring meadows Dr
CITY-ST-ZIP Ormond Bch FL 32174

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

VP Isaac Brown, 7/26/02, 386 2558322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)