FILED
Mar 26, 2002 8:00 am
Secretary of State
03-26-2002 90065 009 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000054347

1. Entity Name: Square One Marketing Inc.

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2. Principal Place of Business: 318 E. Palmetto Park Rd
Suite, Apt #, etc.
City & State: Boca Raton, FL
Zip: 33432 Country:

3. Mailing Address: 25 Canterbury Rd
Suite, Apt #, etc.
City & State: Rochester NY
Zip: 14607 Country:

4. FEI Number: 65-0432946 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Patricia V. Cohen
Street Address (P.O. Box Number is Not Acceptable): 1650 S Dixie Highway
4th Floor Suite 403
City: Boca Raton FL Zip Code: 33432

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	PSD
NAME	Greg Keller
STREET ADDRESS	165 Arlidge Drive
CITY-ST-ZIP	Rochester, NY 14616
TITLE	VPT
NAME	Lucy Keller
STREET ADDRESS	165 Arlidge Drive
CITY-ST-ZIP	Rochester, NY 14616
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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

SIGNATURE: [signature] G KELLER — 3/14/02 — 716-442-5910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #