## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P94000011768 1. Entity Name B.C.M., INC. 04-23-2001 90220 014 \*\*\*150.00 Mailing Address Principal Place of Business 6530 MOONSHELL COURT 4949 INTERNATIONAL DR STE FC-5 ORLANDO FL 32819 ORLANDO FL 32819 3. Mailing Address 2. Principal Place of Business 532 Robert Trent Jones Dr Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 59-3228351 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required can 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CURTIS, MICHAEL D Sox Number is Not Acceptable) 6530 MOONSHELL COURT ORLANDO FL 32819 Zip Code d entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above name SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS PD ✓ Delete TITLE Trent Jones Dr #1516 NAME MICHAEL D. CURTIS NAME STREET ADDRESS STREET ADDRESS 10704 WOODCHASE CIR CITY-ST-ZIP CITY-ST-7IP ORLANDO\_FL ☐ Addition TITLE Change Delete TITLE VPSD NAME JENNIFER R. CURTIS NAME STREET ADDRESS STREET ADDRESS 6530 MOONSHELL CT. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS