

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000050295

1. Entity Name

BISHOP TARGETED MARKETING, INC.

FILED

Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90446 015 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2801 E HILLSBOROUGH AVE~~  
~~ABOVE CAMPSI~~  
~~TAMPA FL 33610~~  
~~US~~

~~P.O. BOX 11343~~  
~~TAMPA FL 33680~~  
~~US~~

00031886



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18125 U.S. Hwy. 41 North

3. Mailing Address

18125 U.S. Hwy 41 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

107

107

City & State

City & State

LUTZ, FL.

LUTZ, FL

4. FEI Number

59-3255548

Applied For

Not Applicable

Zip

Country

Zip

Country

33549

HILLSBOROUGH

33549

HILLSBOROUGH

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANTHAM, RANDALL C  
1519 DALE MABRY HWY.  
SUITE 100  
LUTZ FL 33549

Name

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

City

FL

Zip Code

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

*Donald R Bishop*

4/2/01

(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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CP  
BISHOP, DONALD  
18222 CLEAR LAKE DR.  
LUTZ, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D.  
BISHOP, MARIE  
18222 CLEAR LAKE DR.  
LUTZ FL 33549 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Donald R Bishop*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD BISHOP 4/2/01 813-949-3191  
Date Daytime Phone #

CR2E034 (10/00)