2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P96000032804 DOCUMENT #

1. Entity Name

BANNER MARKETING, INC.



FILED May 01, 2003 8:00 am § Secretary of State

05-01-2003 90258 008 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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				V	A STATE OF	^				
Suntangle Sunt	10355 WALDEN GLEN CT JACKSONVILLE FL 32256-9039		10355 Walden Glen CT Jacksonville Fl. 32256-9039							
Suries, April 4, etc. Suries April 4, etc. Suries April 4, etc. Apr					S					
C.P. A Starte A. FEI Number 59-3372546 Applied For Inc. Applied For Inc	1011000			<u>۳۵۲۱</u>	<u>en 20</u>	<u> </u>				
Section Sect	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF	MAKING CHANGE	ES .	
Sabs - 2347 U.S.A. S. Certificate of Status Desired Fee Reguland 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered A			City & State			4 . F	4. FEI Number 59-3372546			
CHRISTIAN, GARY I 3100 UNIVERSITY BOULEVARD SOUTH SUITE 101 JACKSONVILLE FL 32216 6. The above named priffs from this suppress for the foundation of gastered agent and the poliphologous of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the poliphologous of gastered agent						5. 0	Certificate of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named of Street Address of Agent and the feptacoata changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the philipators of Agistration o										
3100 UNIVERSITY BOULEVARD SOUTH SUITE 101 JACKSONVILLE FL 32218 6. The above names of the policy of the state of the supercase of the policy of policy of the policy of	CUDICTIA		Name							
SUITE 101 JACKSONVILLE FL 32218 6. The above named with policy planties this superscent for the four page of changing its registered office or registered agent, or both, in the State of Forda. I an familiar with, and accept the policy planting of registered agent and residual page and residual page and residual page. FILLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CH-ANGES TO OFFICERS AND DIRECTORS IN 11 THE DUCKWORTH, DAVID JOSS WALDEN GLEN CT JOSS WALDEN GLEN CT. JOSS WALDEN GLEN CT. JACKSONVILLE FL 32256 DIV-S1-2P TITLE MAKE STREET ADDRESS DIV-S1-2P Delete TITLE MAKE STREET ADDRESS DIV-S1-2P TITLE MAKE STREET ADDRESS DIV-S1-2P Delete TITLE MAKE STREET ADDRESS DIV-S1-2P TITLE MAKE STREET ADDRESS DIV-S1-2P Delete TITLE MAKE STREET ADDRESS DIV-S1-2P TITLE MAKE STREET ADDRESS DIV-S1-2P Delete TITLE MAKE STREET ADDRESS DIV-S1-2P TITLE MA	•				Street Address (P.O. Box Number is Not Acceptable)					
ACKSONVILLE FL 32216 City FL Zip Code 6. The above named of the statement for the formation of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the philipations of displaced agent, and the information of philipatine agent agen										
8. The above named writty Deprits this experient for the furgoes of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the pbligations of gristered agent of the pbligations of gristered agent and state algorithms required agent agent and state algorithms and accept the pbligations of gristered agent agent and state algorithms required agent, or both, in the State of Florida. I am familiar with, and accept the pbligations of gristered agent, or both, in the State of Florida. I am familiar with, and accept the pbligations of gristered agent, or both, in the State of Florida. I am familiar with, and accept the pbligations of gristered agent, or both, in the State of Florida. I am familiar with, and accept the pbligations of gristered agent, or both, in the State of Florida. I am familiar with, and accept the pbligations of gristered agent, or both, in the State of Florida. I am familiar with, and accept the pbligations of gristered agent, or both, in the State of Florida. I am familiar with, and accept the pbligations of gristered agent, or both, in the State of Florida. I and state agent a										
THE NOW!!! FEE IS S150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 DOFFICERS AND DIRECTORS II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. ADDITIONS/C					•					
FILE NOW!! FEE IS \$15.000 After May 1, 2003 Fee will be \$55.0.00 Make Check Payable to Florida Department of State 10.	the poligations of registered again.									
### After May 1, 2003 Fee will be \$55.0.0 May Be Make Check Payable to Florida Department of State Selection Campaign Financing Trust Fund Contribution. Solded to Fees Middle To Fee	The state of the s									
Arter May 1, 2003 Fee May 1 (2003 Fee) Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DUCKWORTH, DAVID 10355 WALDEN GLEN CT JACKSONVILLE FL 32256 CITY-ST-2P JACKSONVILLE FL 32256 CITY-ST-2P TITLE SWEENEY, LAURA C 10355 WALDEN GLEN CT. JACKSONVILLE FL 32256-0039 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST	FILE NOW!!! FEE IS \$150.00									
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DUCKWORTH, DAVID 10355 WALDEN GLEN CT JACKSONVILLE FL 32256 CITY-ST-2IP TITLE V Delete TITLE SWEENEY, LAURA C 10355 WALDEN GLEN CT. JACKSONVILLE FL 32256 CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP Delete TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE	Arter May 1, 2003 Fee Will be \$550.00									
TITLE P DUCKWORTH, DAVID Delete NAME NAME TOTAL TOTA	*,									
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRE						ADI	DITIONS/CHANGES TO OFFICE			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AD	•	•	LT Delete		-	Lan	constree L	ANE		
TITLE NAME SWEENEY, LAURA C STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FI. 32256-9039 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	STREET ADDRESS	10355 WALDEN GLEN CT		STREET	ADDRESS		" CONVILLE FL	2335	6-2347	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	JACKSONVILLE FL 32256	· ···	CITY-S	IT-ZIP	1 M G	K3020			
STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256-9039 TITLE JACKSONVILLE FL 32256-9039 Addition JAMME STREET ADDRESS CITY-ST-ZIP TITLE JACKSONVILLE FL 32256-9039 Addition JAMME STREET ADDRESS CITY-ST-ZIP TITLE JACKSONVILLE FL 32256-9039 Addition JAMME STREET ADDRESS CITY-ST-ZIP TITLE JACKSONVILLE FL 32256-9039 Addition JAMME STREET ADDRESS CITY-ST-ZIP JAMME STREET ADDRESS CITY-ST-ZIP JAMME JAMME STREET ADDRESS CITY-ST-ZIP JAMME			☐ Delete					⊕ Change	Addition	
CITY-ST-ZIP JACKSONVILLE FL 32256-9039 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-	1				ADDDECC 7	694	Crosoffree dan			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET					1 //	pch	rowlle, Fl ?	37778 - 7	347	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	TITLE	151 92 7 7 7	Dejete	TITLE		<u>,</u>		Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NAME			NAME				, — •		
ITILE NAME STREET ADDRESS CITY-ST-ZIP CITY					I					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	-	·	···	-	T-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	ſ		☐ Delete					Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STRE			•		ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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	I.				I)	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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	TITLE		☐ Delete	TITLE			UAST.	Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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			•			,			{	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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					1				ľ	
NAME STREET ADDRESS CITY-ST-ZIP 12. 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			Пъ	-	1-71L		· · · · · · · · · · · · · · · · · · ·		[7] Addises	
STREET ADDRESS CITY-ST-ZIP 12. 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	I		□ Delete						L_I Addition	
12. 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	STREET ADDRESS				ADDRESS				ſ	
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 eath; that I am an officer or director	CITY-ST-ZIP			CITY-S	T-ZIP					
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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										

SIGNATURE:

904-641-4064