2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P96000062888 * 1. Entity Name B & M MARKETING, INC. 4-11-2001 90054 048 ***150.00 Principal Place of Business Mailing Address % 14020 ROOSEVELT BLVD., SUITE 805 % 14020 ROOSEVELT BLVD., SUITE 805 CLEARWATER FL 33762 CLEARWATER FL 33762 .C0045403 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3402175 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired - - - - - -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BOUDREAU, BRUCE G** Street Address (P.O. Box Number is Not Acceptable) 14020 ROOSEVELT BLVD., SUITE 805 **CLEARWATER FL 33762** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. vice President ☐ Change TITLE ☐ Delete TITLE Michael Hazzis **BOUDREAU, BRUCE G** NAME NAME 140 ao Roosevelt Blud, Ste Pos STREET ADDRESS 14020 ROOSEVELT BLVD STE 805 STREET ADDRESS **CLEARWATER FL 33762** CITY-ST-ZIP CITY-ST-ZIP Clearwater FI secretary/Treasurer ☐ Delete TITLE NAME alenn Stewart NAME 14020 Roos evelt Blud, Ste Pos STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 peoprit 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 of true 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: