**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

## Apr 02, 2002 8:00 am Secretary of State DOCUMENT # P98000036281 1. Entity Name 04-02-2002 90924 018 \*\*\*150.00 BC MARKETING & PUBLISHING, INC. Principal Place of Business Mailing Address 13539 N. FLORIDA AVENUE 13539 N. FLORIDA AVENUE SUITE 2 SUITE 2 **TAMPA FL 33613 TAMPA FL 33613** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3505954 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name == BARRIBALL; JANET S Street Address (P.O. Box Number is Not Acceptable) 13539 N. FLORIDA AVENUE STE 2 **TAMPA FL 33613** City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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, 2002 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. CR2E034 (9/01) TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME BARRIBALL, JANET STREET ADDRESS STREET ADDRESS 7507 AVOCET DR CITY-ST-71P CITY-ST-ZIP WESLEY CHAPEL FL 33544 ☐ Delete Change ☐ Addition TITLE TITL F NAME NAME CARROLL, BRIAN D STREET ADDRESS STREET ADDRESS 13539 N FLORIDA AVENUE STE 2 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33613 ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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-ZIP CiTY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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