FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90052 046 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084678

1. Entity Name
J. Francis Marketing, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2215 Cork Oak St.	2215 Cork Oak St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, Florida	City & State: Sarasota, Florida
Zip: 34232 Country:	Zip: 34232 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0866407 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Hawkins, John D. Esquire

Street Address (P.O. Box Number is Not Acceptable): 1023 Manatee Ave. W.

City: Bradenton FL Zip Code: 34205

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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	D/P
NAME	Beeman, Randolph S.
STREET ADDRESS	2215 Cork Oak St.
CITY-ST-ZIP	Sarasota, FL 34232
TITLE	D/V
NAME	Chism, David M.
STREET ADDRESS	811 Tropical Drive
CITY-ST-ZIP	Bradenton, FL 34208
TITLE	D/S/T
NAME	Kichar, Mark S.
STREET ADDRESS	4302 39th St. W., Apt. 10
CITY-ST-ZIP	Bradenton, FL 34205
TITLE	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mark S. Kichar MARK S. KICHAR 4/5/02 941-730-6671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #