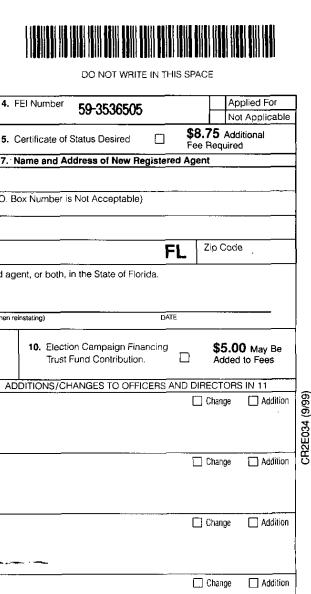
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000086115 BUILDERS MARKETING CONSULTANTS, INC. Principal Place of Business Mailing Address 6191 LAKE TAHOE DR LAKE TAHOE DR JACKSONVILLE FL 32256-8440 DESCRIPTION FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name FISHER, DEBORAH J Street Address (P.O. Box Number is Not Acceptable) 6191 LAKE TAHOE DR JACKSONVILLE FL 32256 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE FISHER, DEBORAH NAME NAME 6191 LAKE TAHOE DR STREET ADDRESS STREET ADDRESS III. ST-ZIP CITY-ST-7IP JAX FL 32256 ☐ Delete TITLE NAME Singer Appress STREET ADDRESS

FILED Mar 06, 2000 8:00 am Secretary of State

03-06-2000 90026 013 ***150.00



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 office 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 of Block 12 if changed, or on an attachment with an address, withhall other like empowered.

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AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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