2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## Mar 13, 2003 8:00 am **Secretary of State** DOCUMENT # P99000037440 03-13-2003 90094 040 \*\*\*150.00 1. Entity Name **B.L.C. MARKETING, INC.** Principal Place of Business Mailing Address 4211 N. DOWNING STREET 4211 N. DOWNING STREET TAMPA FL 33603-4428 TAMPA FL 33603-4428 2. Principal Place of Business 3. Mailing Address Pines Was 13002 Sea 13002 <u>Se</u>o Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3585772 FI. ecuiew Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.º Name and Address of New Registered Agent Name GREEN, BRENDA C Street Address (P.O. Box Number is Not Acceptable) 4211 N. DOWNING STREET TAMPA FL 33603-4428 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. I am familiar with, and accept the obligations of registered agent, Brenda C. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete TITLE ☐ Addition GREEN, BRENDA C NAME NAME STREET ADDRESS 4211 N. DOWNING STREET 13002 Sea Pines Way STREET ADDRESS CITY-ST-ZIP TAMPA FL 33603-4428 CITY-ST-7/P Riverview FL 33569 TITLE ☐ Delete TITI F D-Change ☐ Addition NAME GREEN, BRENDA C NAME 13002 Sea Pines Way STREET ADDRESS 4211 N. DOWNING STREET STREET ADDRESS CITY-ST-ZIP TAMPA FL 33603-4428 Riverview FL 3356'9 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ШE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TATLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Dalete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.