

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90371 027 ***150.00

DOCUMENT # S35531

1. Entity Name

SOURCE MARKETING & CONSULTING, INC.

Principal Place of Business

**6109 DUNNETT CT
 ORLANDO FL 32809
 US**

Mailing Address

**6109 DUNNETT CT
 ORLANDO FL 32809
 US**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

27025 Oak Shadow Ln

Suite, Apt. #, etc.

MT. DORA FL

City & State

3. Mailing Address

27025 OAKSHADOW LN

Suite, Apt. #, etc.

MT. DORA FL

City & State

4. FEI Number **59-3054466**

Applied For

Not Applicable

Zip **32757**

Country **Loke**

Zip **32757**

Country **Loke**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOCKARD, BARBARA E.
 6109 DUNNETT COURT
 SUITE 221
 ORLANDO FL 32809**

Name

Street Address (P.O. Box Number is Not Acceptable)

27025 OAKSHADOW LN

City

MT. DORA

FL

Zip Code

32757

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)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **LOCKARD, BARBARA E.**
 STREET ADDRESS **6109 DUNNETT COURT**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **LOCKARD, BARBARA E**
 STREET ADDRESS **27025 OAKSHADOW LN**
 CITY-ST-ZIP **MT DORA FL 32757**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/00)