

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 18, 2001 8:00 am
Secretary of State

04-18-2001 90018 041 ***158.75

DOCUMENT # F00000006955

1. Entity Name

INTERNATIONAL MARKETING SOLUTIONS, INC.

Principal Place of Business

Mailing Address

1930 SAN MARCO BLVD. STE 205
 JACKSONVILLE FL 32207

1930 SAN MARCO BLVD. STE 205
 JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-1431140

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERGUSON, GRANT S
1930 SAN MARCO BLVD., STE 205
JACKSONVILLE FL 32207

Name

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

City

FL

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.

(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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PCTD
O'BRIEN, EAMONN P
60 OFFINGTON AVE
SUTTON, DUBLIN 13 IRELAND

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VSD
FERGUSON, GRANT S
1639 AVOCA PLACE
JACKSONVILLE FL

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
LEAHY, EDWARD R
6026 ORRIS STREET
MCLEAN VA

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
O'BRIEN, MELINDA B
60 OFFINGTON AVENUE
SUTTON, DUBLIN 13 IRELAND

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
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 CITY-ST-ZIP

Change Addition

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Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01

Date

904-346-3300

Daytime Phone #

CR2E034 (10/00)