FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 21, 2002 8:00 am P98000085951 DOCUMENT # **Secretary of State** 1. Entity Name 02-21-2002 90048 038 ***150.00 EFFECTIVE MARKETING SOLUTIONS, INC. Principal Place of Business Mailing Address 3719 CARAMBOLA CIRCLE, N. 3719 CARAMBOLA CIRCLE, N. COCONUT CREEK FL 33066 COCONUT CREEK FL 33066 2. Principal Place of Business 3. Mailing Address 6186 NW 53 Circle 6186 NW 53 CITCLE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0872939 Coral Springs Dral Not Applicable Zip 33067 Country Country \$8.75 Additional 5. Certificate of Status Desired USA 330<u>67</u> USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WESTBERG, CHRISTINA Street Address (P.O. Box Number is Not Acceptable) 3719 CARAMBOLA CIRCLE, N. **COCONUT CREEK FL 33066** 6186 NW 531d 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 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01) President TITLE ☐ Delete TITLE Change Addition Westberg, Christing 6186 NW 53 circle WESTBERG, CHRISTINA NAME NAME 3719 CARAMBOLA CIR N STREET ADDRESS STREET ADDRESS CITY-ST-7IP COCONUT CREEK FL 33066 coral Springs, PC 33067 CITY-ST-ZIP vice President TITLE ☐ Delete TITLE NAME NAME MUNOZ & RITG STREET ADDRESS STREET ADDRESS SSII NW SO AVERUE CITY-ST-ZIP CITY-ST-ZIP COCONUT CRECK , TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Channe ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.