

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State
 02-07-2000 90062 004 ***150.00

DOCUMENT # 439717

1. Entity Name
ASSOCIATED MARKETING SERVICES, INTERNATIONAL, IN

Principal Place of Business	Mailing Address
ROGERO RD BOX 8821 JACKSONVILLE FL 32211	1701 ROGERO RD PO BOX 8821 JACKSONVILLE FL 32211-4846

00016817



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1574411		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOGNER, JOSEPH O. 3848 TIMUCUA TRAIL JACKSONVILLE FL 32211		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	BOGNER, JOSEPH O.	NAME	
STREET ADDRESS	3848 TIMUCUA TRAIL	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	BOGNER, SUSAN JEAN	NAME	
STREET ADDRESS	3848 TIMUCUA TRAIL	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	TURNER, LARRY LEE	NAME	
STREET ADDRESS	9155 PRESTWICK CLUB DR.	STREET ADDRESS	
CITY-ST-ZIP	DULUTH GA	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	TURNER, KATHALEEN A.	NAME	
STREET ADDRESS	9155 PRESTWICK CLUB DR.	STREET ADDRESS	
CITY-ST-ZIP	DULUTH GA	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Joseph O. Bogner* **2/1/00** **904-944-9261**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)