

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90449 009 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 439717**

1. Entity Name

Associated Marketing Services International,  
Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1701 Rogero Road

Suite, Apt. #, etc.

3. Mailing Address

3848 Timucua Trail

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-1574411

Applied For

Not Applicable

Zip

Country

32211

US

Zip

Country

32277

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Bogner, Joseph O.

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

3848 Timucua Trail

City

Jacksonville

FL

Zip Code

32277

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$60.75  
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

TITLE	PD
NAME	Bogner, Joseph O.
STREET ADDRESS	3848 Timucua Trail
CITY- ST- ZIP	Jacksonville, FL 32277
TITLE	STD
NAME	Bogner, Susan Jean
STREET ADDRESS	3848 Timucua Trail
CITY- ST- ZIP	Jacksonville, FL 32277
TITLE	D
NAME	Turner, Larry Lee
STREET ADDRESS	9155 Prestwick Club Dr.
CITY- ST- ZIP	Duluth, GA
TITLE	D
NAME	Turner, Kathaleen A.
STREET ADDRESS	9155 Prestwick Club Dr.
CITY- ST- ZIP	Duluth, GA
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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NAME	
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STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph O. BOGNER

Date

Daytime Phone

4/9/02

904  
944  
9261