

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0010017

DOCUMENT # M02000003376

1. Entity Name
INNOVATIVE MARKETING SOLUTIONS, LLC



FILED

2004 FEB 23 PM 1:28

Just Suite # Changes
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
14365 E. COLONIAL DR., STE. B1
ORLANDO FL 32826

Mailing Address
14365 E. COLONIAL DR., STE. B1
ORLANDO FL 32826



14365 E. Colonial Dr

2. Principal Place of Business
~~14365 E. Colonial Dr~~ *on 93*

3. Mailing Address
14365 E. Colonial on 93

Suite, Apt. #, etc.
STE. A-3

Suite, Apt. #, etc.
STE A-3

City & State
Orlando FL

City & State
Orlando, FL

4. FEI Number 03-0468507

Applied For
Not Applicable

Zip 32826 Country USA

Zip 32826 Country USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARSIANO, JOSEPH
14365 E. COLONIAL DR., STE. B1
ORLANDO FL 32826

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/21/2003

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joseph Marsiano 14365 E. Colonial Dr. Suite A-3 Orlando FL 32826	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Marianne Marsiano 14365 E. Colonial Dr. Ste A-3 Orlando, FL 32826	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700024203997 03/09/04--01026--024 **\$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700024203997 10/28/03--01042--011 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2003-2004

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

10/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)