

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000489

1. Entity Name
INTERNET MARKETING CONCEPTS, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90152 044 ***150.00

0011372

Principal Place of Business
**112 W. ADAMS ST., SUITE 1701
JACKSONVILLE FL 32202**

Mailing Address
**112 W. ADAMS ST., SUITE 1701
JACKSONVILLE FL 32202**

765357



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
118 W. ADAMS ST.

3. Mailing Address
118 W. ADAMS ST.

Suite, Apt. #, etc.
SUITE 500

Suite, Apt. #, etc.
SUITE 500

City & State

City & State

4. FEI Number

59-3620134

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUCK, RICHARD W
112 W. ADAMS ST., SUITE 1701
JACKSONVILLE FL 32202**

Name

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

118 W. ADAMS ST.

SUITE 500

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

(NOTE: Registered Agent signature required when reinstating)

2/1/2001

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 **Chief Executive Officer** ☐ Delete
NAME **Robert B. Finch**
STREET ADDRESS **200 9th St, Touchton Rd**
CITY-ST-ZIP **Jax, FL 32246**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 *[Signature]* **Robert Finch**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

904 382-8693

Daytime Phone #

CR2E034 (10/00)