

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070799

1. Entity Name

ADVANCED INTEGRITY MARKETING INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90224 042 ***150.00

Principal Place of Business

146 2ND ST., SUITE 310
ST. PETERSBURG FL 33701

Mailing Address

146 2ND ST., SUITE 310
ST. PETERSBURG FL 33701

2. Principal Place of Business

10460 ROOSEVELT BLVD.

3. Mailing Address

10460 ROOSEVELT BLVD.

Suite, Apt. #, etc.

STE. 284

Suite, Apt. #, etc.

STE. 284

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL.

Zip

33716

Country

PINELAS

Zip

33716

Country

PINELAS

6. Name and Address of Current Registered Agent

CHRISSLEY, WILLIAM E
146 2ND ST., SUITE 310
ST. PETERSBURG FL 33701

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.

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)

☐

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

TITLE ☐ Delete

NAME CHRISSLEY, WILLIAM E
STREET ADDRESS 146 2ND ST., SUITE 310
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE ☒ Delete

NAME SECRETARY
GUY N. LARSSON
STREET ADDRESS 1845 SHORE BLVD., # 329
CITY-ST-ZIP S. PASADENA, FL 33707

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition

NAME THOMAS E. CROWLEY
STREET ADDRESS 8500 RIVERSIDE DR N.E.
CITY-ST-ZIP ST. PETERSBURG, FL. 33702

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-01

Date

727-635-7221

Daytime Phone #

CR2E034 (10/00)