

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90098 042 ***150.00

DOCUMENT # P00000070799

1. Entity Name
ADVANCED INTEGRITY MARKETING INC.

Principal Place of Business
**10460 ROOSEVELT BLVD.
STE. 284
SAINT PETERSBURG FL 33716**

Mailing Address
**10460 ROOSEVELT BLVD.
STE. 284
SAINT PETERSBURG FL 33716**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3659279**

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

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

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
NAME **CHRISSLEY, WILLIAM E**
STREET ADDRESS **146 2ND ST., SUITE 310**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

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

TITLE **T** ☐ Delete
NAME **CROWLEY, THOMAS E**
STREET ADDRESS **8500 RIVERSIDE DRIVE N.E.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

THOMAS E. CROWLEY

Date

Daytime Phone #

10/12/02

CR2E034 (4/02)



Florida Department of State
Division of Corporations

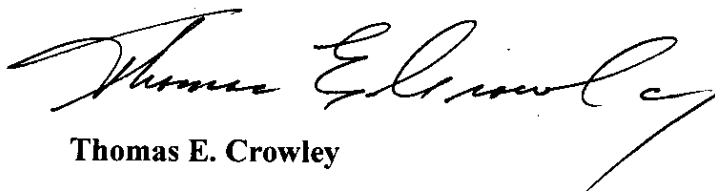
September 12, 2002

Greetings,

Enclosed with this letter requesting a waiver of penalty fees for a late filing of our Uniform Business Report you will find our report and a check for \$150.00. This morning I spoke with Catharine one of your agents and she suggested that I send in a request. She informed me that we are indeed late in filling and that filling is actually due by May 1. I have placed the dead line on our business calendar and look forward to meeting it successfully next April.

The enclosed form that I signed *Due by September 13, 2002* was the only one I received and were the previous notice or notices from your office are I don't know. Other than my personal ignorance on filling dates I have no other excuses. Being a small company of limited assets the penalty would be a great hardship on us.

In appreciation of your consideration... sincerely,



Thomas E. Crowley