

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077803

1. Entity Name

INCENTIVE MARKETING PLUS, INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90074 008 ***150.00

Principal Place of Business
4563 BEACON DRIVE WEST
JACKSONVILLE FL 32223

Mailing Address
4563 BEACON DRIVE WEST
JACKSONVILLE FL 32223

2. Principal Place of Business

2121-A Corporate Sq. Blvd

3. Mailing Address

2121-A Corporate Sq

Suite, Apt. #, etc.

Ste 119

Suite, Apt. #, etc.

Ste 119

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32216

Country

Zip

32216

Country

4. FEI Number

59-3665400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEPER, RICHARD C JR.
3030 HARTLEY ROAD
SUITE 150
JACKSONVILLE FL 32257

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 PD
NAME ANTHONY, ROGER
STREET ADDRESS 420 LAFAYETTE AVENUE
CITY-ST-ZIP WESTWOOD NJ 07675-2822 ☐ Delete

TITLE VCEO
NAME SCHLOSSER, TAMMY
STREET ADDRESS 4563 BEACON DRIVE WEST
CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Delete

TITLE D
NAME SCHLOSSER, TAMMY
STREET ADDRESS 4563 BEACON DRIVE WEST
CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
32225

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

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

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

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: Tammy C. Schlosser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tammy C. Schlosser

Date

3-23-01

Daytime Phone #

904-724-2666

CR2E034 (10/00)