

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000080693

1. Entity Name

AMS MARKETING OF JACKSONVILLE, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90073 021 ***150.00

Principal Place of Business

1104 OSCEOLA STREET
JACKSONVILLE FL 32204

Mailing Address

1104 OSCEOLA STREET
JACKSONVILLE FL 32204

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

WILLIAM SHANK

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

1104 OSCEOLA ST

City

JACKSONVILLE

FL

Zip Code

32204

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

WILLIAM SHANK William Shank

4/26/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GRAY, GARY
STREET ADDRESS 1104 OSCEOLA STREET
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME MARK KNAUER
STREET ADDRESS 1104 OSCEOLA ST.
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SECY
NAME WILLIAM SHANK
STREET ADDRESS 1104 OSCEOLA ST.
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TRSAS
NAME KATHY DAVIS
STREET ADDRESS 1104 OSCEOLA ST.
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE
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CITY-ST-ZIP

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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: WILLIAM SHANK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/01

Daytime Phone #

904-389-6320

CR2E034 (10/00)