

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2002 8:00 am
Secretary of State

08-15-2002 90047 021 ***550.00

DOCUMENT # P00000080693

1. Entity Name
AMS MARKETING OF JACKSONVILLE, INC.

Principal Place of Business
1104 OSCEOLA STREET
JACKSONVILLE FL 32204

Mailing Address
1104 OSCEOLA STREET
JACKSONVILLE FL 32204

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
4005 Castle Valley Drive
 Suite, Apt. #, etc.

City & State
Corpus Christi, TX

Zip
78410

Country

4. FEI Number
59-3737635

APPLIED FOR

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHANK, WILLIAM
1104 OSCEOLA STREET
JACKSONVILLE FL 32204

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. 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 NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete GRAY, GARY 1104 OSCEOLA STREET JACKSONVILLE FL 32204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete KNAIER, MARK 1104 OSCEOLA STREET JACKSONVILLE FL 32204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete SHANK, WILLIAM 1104 OSCEOLA STREET JACKSONVILLE FL 32204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete DAULS, KOLTON 1104 OSCEOLA STREET JACKSONVILLE FL 32204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete Davis, Keith 4005 Castle Valley Drive Corpus Christi, TX 78410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Keith Davis **8-12-02** **361-241-2556**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (4/02)

Attachments

974429

INSTRUCTIONS REGARDING YOUR CORPORATE INCOME TAX RETURN

AMS MARKETING OF JACKSONVILLE, INC.

2002 UNIFORM BUSINESS REPORT

Keith Davis needs to sign the form next to, his name.

\$550.00 payment is due when you file this form.
Place document #PQQQ00080693 on the bottom of the check.

Mail to Division of Corporations, Uniform Business Report Filings, P. O.
Box 1500, Tallahassee, Fl 32302-1500.

Please sign return in the enclosed envelope and mail no later than
September 13, 2002.

We very much appreciate the opportunity to serve you. If you have any
question regarding this return, please do not hesitate to call.