

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90035 011 ***150.00

DOCUMENT # P01000082037

1. Entity Name

A.I. MARKETING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5705 Gulf Drive

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

4. FEI Number

59-3737456

Applied For

Not Applicable

Zip

34652

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Anthony P. Valente Jr., ESQ.

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

100 - Second Ave. So.

Suite 1201

City

St. Petersburg

FL

Zip Code

33701

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

2-13-02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP
<i>D/P/T</i>	<i>Frank Dillon</i>	<i>5705 Gulf Drive</i>	<i>New Port Richey, FL 34652</i>
<i>D/VP/S</i>	<i>Louis Bruno</i>	<i>5705 Gulf Drive</i>	<i>New Port Richey, FL 34652</i>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Frank Dillon

Frank Dillon - Pres.

2/13/02

(727)849-1570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)