

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90101 035 \*\*\*150.00

**DOCUMENT # P01000090221**

1. Entity Name

**A1 MARKETING UNLIMITED, INC.**

Principal Place of Business

**6747 CAPE HATTERAS WAY NE**  
**SUITE #2**  
**ST PETERSBURG FL 33702**

Mailing Address

**77 COURT STREET**  
**SUITE 1008**  
**LACONIA NH 03246**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3746655**

Applied For

Not Applicable

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

**TOSI, CHRISTINE E**  
**253 COREY AVENUE**  
**ST PETE BEACH FL 33706**

Name

**JOANNE EUVARD**

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

**6747 CAPE HATTERAS WAY NE**

#2

City

**ST PETERSBURG**

FL

Zip Code

**33702**

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 (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, 2002 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

**PRESIDENT** ☐ Delete  
**JOANNE EUVARD**  
**6747 CAPE HATTERAS WAY**  
**ST PETERSBURG FL 33702**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**TITLE** ☐ Change ☐ Addition  
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**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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JOANNE EUVARD** **June 27-2002** **727-522-4220**



DO NOT WRITE IN THIS SPACE