

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90255 047 ***150.00

DOCUMENT # P94000063270

1. Entity Name

NATIONAL IN-STORE MARKETING, INC.

Principal Place of Business

Mailing Address

**47 SOUTH PALM AVENUE
 SUITE 205
 SARASOTA FL 34236**

**47 SOUTH PALM AVENUE
 SUITE 205
 SARASOTA FL 34236-4867**

111604

2. Principal Place of Business

3. Mailing Address

602 SARASOTA QUAY
 Suite, Apt. #, etc.

602 SARASOTA QUAY
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

SARASOTA FL

SARASOTA FL

4. FEI Number

65-0533521

Applied For

Not Applicable

Zip
34236

Country

USA

Zip
34236

Country

USA

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

**DOWDY, THOMAS
 47 SOUTH PALM AVENUE
 SUITE 205
 SARASOTA FL 34236**

Name

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

602 SARASOTA QUAY

City

SARASOTA

FL

Zip Code

34236

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, 2000 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 ☐ Delete
 NAME **PDST**
 STREET ADDRESS **DOWDY, THOMAS**
 CITY-ST-ZIP **47 SOUTH PALM AVENUE #205**
SARASOTA FL 34236

TITLE ☒ Change ☐ Addition
 NAME **602 SARASOTA QUAY**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/00

941 953 3866