

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90071 036 \*\*\*150.00

**DOCUMENT # P95000028390**

1. Entity Name

**AFFILIATED MARKETING GROUP, INC.**

Principal Place of Business  
7439 E. HILLSBOROUGH AVE.  
TAMPA FL 33610

Mailing Address  
7439 E. HILLSBOROUGH AVE.  
TAMPA FL 33610-4227

03036565



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **26-5727031**  
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

**LOPEZ, JOE L**  
**4828 LONGWATER WAY**  
**TAMPA FL 33615**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**4048 W. Kennedy Blvd, #609**  
City **Tampa** FL Zip Code **33609**

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

(NOTE: Registered Agent signature required when reinstating)

**1/5/00**  
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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOPEZ, JOE L</b>	
STREET ADDRESS	<b>4828 LONGWATER WAY</b>	
CITY-ST-ZIP	<b>TAMPA FL 33615</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LOPEZ, JANET L</b>	
STREET ADDRESS	<b>4828 LONGWATER WAY</b>	
CITY-ST-ZIP	<b>TAMPA FL 33615</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOPEZ, JOE L</b>	
STREET ADDRESS	<b>4048 W. Kennedy Blvd, #609</b>	
CITY-ST-ZIP	<b>Tampa, FL 33609-2750</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**1/5/00** **813-6664-11622**  
Date Daytime Phone #

C:\PUB\0001