

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091855

1. Entity Name

NEW REGULATORY MARKETING SERVICES, INC.

FILED

Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90055 048 ***150.00

Principal Place of Business

Mailing Address

3234 ELLA LANE
NEW PORT RICHEY FL 34655
US

3234 ELLA LANE
NEW PORT RICHEY FL 34655
US

00045654



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

962 ALLEGRO LANE
Suite, Apt. #, etc.

962 ALLEGRO LANE
Suite, Apt. #, etc.

City & State

City & State

APOLLO BEACH, FL.

APOLLO BEACH, FL.

4. FEI Number 59-3354467

Applied For

Not Applicable

Zip

Country

Zip

Country

33572

FL

33572

FL

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

FOLKENFLIK, DAVID P ESQ.
1266 S. PINELLAS AVE.
TARPON SPRINGS FL 34689

Name

WARD, ARTHUR J

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

962 ALLEGRO LANE

City

APOLLO BEACH, FL.

FL

Zip Code

33572

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

Arthur J. Ward, Arthur J. Ward Pres.

3/31/01

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, 2001 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 S
NAME LAMB, PATRICK
STREET ADDRESS 3234 ELLA LN
CITY-ST-ZIP NEW PORT RICHEY FL 34155

TITLE PSD
NAME WARD, ARTHUR J
STREET ADDRESS 962 ALLEGRO LANE
CITY-ST-ZIP APOLLO BEACH FL. 33572

TITLE
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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:

Arthur J. Ward, Arthur J. Ward

3/31/01

813-645-2855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)