

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076314

1. Entity Name

PARTNERS MARKETING SERVICES OF FLORIDA, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90322 039 ***150.00

Principal Place of Business

222 LAKEVIEW AVENUE, #1510
ATTN: PAULA HUGHES
WEST PALM BEACH FL 33401-6149

Mailing Address

1250 CAPITAL OF TEXAS HWY SOUTH
BLDG2, STE 600, ATTN TOM YOUNG
AUSTIN TX 78746
US

2. Principal Place of Business

3. Mailing Address

787 7th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

49th Floor

City & State

New York, NY

Zip

Country

10019

USA

4. FEI Number 65-0706837

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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, 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	D	<input type="checkbox"/> Delete
NAME	CALLAHAN, R. BRUCE	
STREET ADDRESS	1250 CAPITOL OF TEXAS HWY. S, BLD 2 #600	
CITY-ST-ZIP	AUTIN TX 78746	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CARTER, ROBERT R	
STREET ADDRESS	1250 CAPITOL OF TEXAS HWY. S, BLD 2 #600	
CITY-ST-ZIP	AUTIN TX 78746	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FEGLEY, GARY J	
STREET ADDRESS	1250 CAPITOL OF TEXAS HWY. S, BLD 2 #600	
CITY-ST-ZIP	AUTIN TX 78746	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CURRAN, SUSAN	
STREET ADDRESS	1250 CAPITOL OF TEXAS HWY. S, BLD 2 #600	
CITY-ST-ZIP	AUTIN TX 78746	
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"/> 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		
TITLE	Secretary + Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas W. Hammond	
STREET ADDRESS	787 7th Avenue, 49th Floor	
CITY-ST-ZIP	New York, NY 10019	
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

Douglas W. Hammond

Date

Daytime Phone #

4/20/01 212/301-4000

CR2E034 (10/00)