

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088212

1. Entity Name

INNOVATIVE MEDICAL MARKETING CONSULTANTS, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90005 008 ***150.00

Principal Place of Business

Mailing Address

7450 PURSLEY DRIVE
NEW PORT RICHEY FL 34653

7450 PURSLEY DRIVE
NEW PORT RICHEY FL 34655-4368

2. Principal Place of Business

5331 HALTATA COURT

3. Mailing Address

5331 HALTATA COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY FL

City & State

NEW PORT RICHEY FL

Zip

34655

Country

FLA

Zip

34655

Country

FLA



DO NOT WRITE IN THIS SPACE

4. FEI Number

39-3472326

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

ACEVEDO, CAROL A
7450 PURSLEY DRIVE
NEW PORT RICHEY FL 34653

Name

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

5331 HALTATA COURT

City

NEW PORT RICHEY FL

Zip Code

34655

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 D
STREET ADDRESS ACEVEDO, CAROL ANN
CITY-ST-ZIP 7450 PURSLEY DRIVE
NEW PORT RICHEY FL 34653

TITLE ☒ Change ☐ Addition
NAME 5331 HALTATA COURT
STREET ADDRESS
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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:

CAROL A. ACEVEDO President 4-12-00 838-7170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)