

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062709

1. Entity Name

INTERNATIONAL MEDIA SOLUTIONS, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90013 024 ***150.00

Principal Place of Business

375 DOUGLAS AVE
SUITE 2015
ALTAMONTE SPRINGS FL 32714

Mailing Address

375 DOUGLAS AVE
SUITE 2015
ALTAMONTE SPRINGS FL 32714-3315

AC033777



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3521352

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

VELAZQUEZ, YOLANDA C
208 HERMITS TRAIL
ALTAMONTE SPRINGS FL 32701

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, 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	CEO	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, YOLANDA C	
STREET ADDRESS	208 HERMITS TRAIL	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, YOLANDA C	
STREET ADDRESS	208 HERMITS TRAIL	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	V.	<input checked="" type="checkbox"/> Delete
NAME	BRADLEY, JASON P	
STREET ADDRESS	208 HERMITS TRAIL	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	P	<input type="checkbox"/> Delete
NAME	SILVA, KERMIT J	
STREET ADDRESS	375 DOUGLAS AVE SUITE 2015	
CITY-ST-ZIP	ALTAMONTE SPRING FL 32714	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LEVINS, ROBERT M	
STREET ADDRESS	375 DOUGLAS AVE STE 2015	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
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		<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		

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 #

CR2E034 (9/99)