

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90058 050 ***150.00

DOCUMENT # P99000036547

1. Entity Name

AGENCY MARKETING, INC.

Principal Place of Business

Mailing Address

C/O MOSHER AND SCHNEIDER, P.A.
505 SOUTH FLAGLER DRIVE, 1001 FLAGLER DR
WEST PALM BEACH FL 33401C/O MOSHER AND SCHNEIDER, P.A.
505 SOUTH FLAGLER DRIVE, 1001 FLAGLER DR
WEST PALM BEACH FL 33401-5923

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

250 Australian Avenue

Suite, Apt. #, etc.

1550 Clearlake Centre

3. Mailing Address

250 Australian Avenue

Suite, Apt. #, etc.

1550 Clearlake Centre

City & State

West Palm Beach, Florida

City & State

West Palm Beach, Florida

Zip

33401

Country

USA

Zip

33401

Country

USA

4. FEI Number

APPLIED FOR☒ Applied For☐ Not Applicable5. 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

SCHNEIDER, JOHN C ESQUIRE**C/O MOSHER AND SCHNEIDER, P.A.****505 SOUTH FLAGLER DRIVE, 1001 FLAGLER DR****WEST PALM BEACH FL 33401**

Name

Schneider, John C.

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

250 Australian Avenue**1550 Clearlake Centre**

City

West Palm Beach**FL**Zip Code
33401

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

4/27/009. 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 State10. 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

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT**WAYNE J. JONES****1221 WYNDHURST DR****WEST PALM BEACH, FL 33411**TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #