

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 27, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P99000053025****1. Entity Name**

INNOVATIVE MARKETING SERVICES INC.

**Principal Place of Business**9481 HIGHLAND OAK DRIVE  
SUITE 1115  
TAMPA  
33647

FL

**Mailing Address**9481 HIGHLAND OAK DRIVE  
SUITE 1115  
TAMPA  
33647

FL

**2. Principal Place of Business**  
16349 ASHINGTON PARK DRIVE**3. Mailing Address**  
16349 ASHINGTON PARK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
TAMPA

FL

**City & State**  
TAMPA

FL

**4. FEI Number****59-3571800**

Applied For

Not Applicable

Zip  
33647

Country

Zip  
33647

Country

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**O'BRIEN VINCENT A  
9481 HIGHLAND OAK DRIVE  
SUITE 1115  
TAMPA  
33647

FL

**7. Name and Address of New Registered Agent****Name**

JUNCAL MARTHA

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

16349 ASHINGTON PARK DRIVE

City  
TAMPA

FL

Zip Code  
33647**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 **MARTHA JUNCAL**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**07/27/2000**

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**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ Addition**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: Susan Grant Knapp

Date: 07/27/2000