2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED Mar 06, 2001 8:00 am DOCUMENT # P99000053025 **Secretary of State** INNOVATIVE MARKETING SERVICES INC. 03-06-2001 90352 006 ***150.00 Principal Place of Business Mailing Address 16349 ASHINGTON PARK DRIVE 16349 ASHINGTON PARK DRIVE TAMPA FL 33647 TAMPA FL 33647 00022245 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3571800 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JUNCAL, MARTHA Street Address (P.O. Box Number is Not Acceptable) 16349 ASHINGTON PARK DRIVE TAMPA FL 33647 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PRES Change TITLE Delete TITLE KNAPP, SUSAN GRANT NAME NAME STREET ADDRESS 16349 ASHINGTON PARK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33647** TITLE Delete TITLE ☐ Addition KNAPP, GORDON NAME NAME STREET ADDRESS 16349 ASHINGTON PARK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 TITLE TITLE -NAME NAME STREET ADDRES STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete TITI F ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS 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.