

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90032 028 ***158.75

DOCUMENT # **P99000664826** ✓
 1. Entity Name
Internet Marketing Solutions-USA, Inc.

Principal Place of Business
5121 Ehrlich Road
Suite 101 B-5
Tampa FL 33624

Mailing Address
5121 Ehrlich Road
Suite 101 B-5
Tampa FL 33624

00060615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3625894

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Patricia Y. Smith
5828 Bitter Orange
Tampa FL 33625

7. Name and Address of New Registered Agent

Name **Daniel J. Duran**
 Street Address (P.O. Box Number is Not Acceptable)
1702 Blind Pond Ave
 City **Lutz** FL Zip Code **33549**

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  **Daniel J. Duran, President, Secretary** 5-22-00
 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

TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Daniel J. Duran	
STREET ADDRESS	1702 Blind Pond Ave	
CITY-ST-ZIP	Lutz FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President, and Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel J. Duran	
STREET ADDRESS	1702 Blind Pond Ave	
CITY-ST-ZIP	Lutz FL 33549	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raymond B Smith	
STREET ADDRESS	5828 Bitter Orange	
CITY-ST-ZIP	Tampa FL	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cynthia Duran	
STREET ADDRESS	1702 Blind Pond Ave	
CITY-ST-ZIP	Lutz FL 33549	
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		

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:  **Daniel J. Duran President** **Daniel J. Duran** 5-22-00
 Signature AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)