## 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 19, 2002 8:00 am Secretary of State **DOCUMENT #** P99000080143 1. Entity Name AIA/ SUPREME ADVERTISING SPECIALTIES, INC. 05-19-2002 90161 039 \*\*\*150.00 Principal Place of Business Mailing Address PMB 331/ 12620-3 BEACH BLVD PMB 331/ 12620-3 BEACH BLVD JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 US Principal Place of Business 3. Mailing Address (b2()-DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3601856 Not Applicable Zip 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 Name FULWOOD, TERRI L Street Address (P.O. Box Number is Not Acceptable) 13715 RICHMOND PARK DR W **UNIT 405** JACKSONVILLE FL 32246 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 Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 10. Election Campaign Financing **--:\$5:00** мау:Ве (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE FULWOOD, TERRI L (9/01) ☐ Change ☐ Addition NAME PMB 331, 12620-3 BEACH BLVD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32246 CITY-ST-ZIP BL (\* 점 : 11) ☐ Delete TITLE NAME TEL VOIC ☐ Change ☐ Addition NAME STREET ADDRESS T 24. 3 74. STREET ADDRESS CITY-ST-ZiP . .. CITY-ST-7IP ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP

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 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete .

4/25/02

904)82/-42/9 Dayline Phone #

Change

Change

☐ Addition

☐ Addition

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