

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # P99000086632

1. Entity Name

AMERICAN RESPONSE MARKETING SYSTEMS INC.

FILED
May 18, 2000 8:00 am
Secretary of State

04-27-2000 90041 019 ***150.00

Principal Place of Business
9700 SOUTH DIXIE HIGHWAY SUITE 900
MIAMI FL 33156

Mailing Address
9700 SOUTH DIXIE HIGHWAY SUITE 900
MIAMI FL 33156-2865

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEL Number

65-0952075

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS-SLAYTON, JAY
9700 SOUTH DIXIE HIGHWAY SUITE 900
MIAMI FL 33156

Name

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

City

FL

Zip Code

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

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	President	<input type="checkbox"/> Delete
NAME	Jay Lewis Slayton	
STREET ADDRESS	9700 S. DIXIE Hwy Ste 900	
CITY-ST-ZIP	Miami, FL 33156-2865	
TITLE	V.P., Sec.	<input type="checkbox"/> Delete
NAME	Patricia Lewis Slayton	
STREET ADDRESS	9700 S. DIXIE Hwy Ste 900	
CITY-ST-ZIP	Miami, FL 33156-2865	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	Eric A. Ward	
STREET ADDRESS	9700 S. DIXIE Hwy Ste 900	
CITY-ST-ZIP	Miami, FL 33156-2865	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Jay Lewis - Slayton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 05:47:44.9997

Daytime Phone #