

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S34313

1. Entity Name

INNOVATIVE MARKETING & DISTRIBUTION SERVICES, IN

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90189 041 \*\*\*158.75

Principal Place of Business

2200 NW 32 STREET  
SUITE 700  
POMPANO BEACH FL 33069  
US

Mailing Address

9704 BOCA GARDENS CIR N APT C  
BOCA RATON FL 33496  
US

2. Principal Place of Business

3. Mailing Address

2200 N.W. 32nd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 700

City & State

City & State

Pompano Beach, FL

Zip

Country

Zip

Country

33069

US

4. FEI Number

65-0250388

Applied For

Not Applicable

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

HAINES, WILLIAM  
2200 N.W. 32ND ST., SUITE 700  
POMPANO BEACH FL 33069

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME VSD  
STREET ADDRESS HAINES, SARAH G.  
CITY-ST-ZIP 9704-C BOCA GRDS CIR N.  
BOCA RATON FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME PTC  
STREET ADDRESS DYKES, BARBARA J.  
CITY-ST-ZIP 4007 COCOPLUM CIRCLE  
COCONUT CREEK FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Barbara J. Dykes

Barbara J. Dykes

4/28/01 (954) 969-0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)