

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S34313**

1. Entity Name

INNOVATIVE MARKETING & DISTRIBUTION SERVICES, INC.

Principal Place of Business

2200 NW 32 STREET
SUITE 700
POMPANO BEACH FL 33069
US

Mailing Address

2200 NW 32 STREET
SUITE 700
POMPANO BEACH FL 33069
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

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

HAYNES, 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, 2002 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 **VSD**
NAME **HAINES, SARAH G.**
STREET ADDRESS **9704-C BOCA GRDS CIR N.**
CITY-ST-ZIP **BOCA RATON FL**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTC
Barbara J. Dykes
4007 COCOPLUM CIRCLE
COCONUT CREEK FL 33063

Change

Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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Change

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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:

Sarah J. Dykes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (954) 969-0005

Date

Daytime Phone #

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90146 050 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)