

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90146 050 ***150.00

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

Country

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

7. Name and Address of New 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 ~~PTC~~
 NAME ~~DYKES, BARBARA J.~~
 STREET ADDRESS ~~4007 COCOPLUM CIRCLE~~
 CITY-ST-ZIP ~~COCONUT CREEK FL~~

☐ Delete

TITLE
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 CITY-ST-ZIP

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TITLE ~~PS TC~~
 NAME ~~Barbara J. Dykes~~
 STREET ADDRESS ~~4007 Cocoplum Circle~~
 CITY-ST-ZIP ~~Coconut Creek, FL 33063~~

☒ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (954) 964-0005

Date

Daytime Phone #

CR2E034 (9/01)