

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90312 012 \*\*\*150.00

**DOCUMENT # S34313**

1. Entity Name  
**INNOVATIVE MARKETING & DISTRIBUTION SERVICES, IN C.**



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

4. FEI Number **65-0250388**

Applied For

Not Applicable

Zip

Country

Zip

Country

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**  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTC**  
**DYKES, BARBARA J**  
**4007 COCOPLUM CIRCLE**  
**POMPANO BEACH FL 33063**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Haines, William**  
**4007 Cocoplum Circle**  
**Coconut Creek, FL 33063**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P, D, S**  
**Dykes, Barbara J.**  
**4007 Cocoplum Circle**  
**Coconut Creek, FL 33063**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/11/03**

Date

**954 969-0005**

Daytime Phone #

CR2E034 (10/02)