

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90101 022 \*\*\*150.00

DOCUMENT # **P94000092099 ✓**  
 1. Entity Name  
**INDUSTRIAL MARKETING CORPORATION OF FLORIDA, INC**

Principal Place of Business Mailing Address  
**450 ROYAL PALM WAY 6<sup>th</sup> Floor PALM BEACH, FL 33480** **1764 No Congress Ave Ste 200 West Palm Beach, FL 33409**

2. Principal Place of Business Suite, Apt. #, etc.  
**450 Royal Palm Way 6<sup>th</sup> FL**  
 3. Mailing Address Suite, Apt. #, etc.  
**1764 No Congress Ave Ste 200**

DO NOT WRITE IN THIS SPACE

City & State City & State  
**Palm Beach FL West Palm Beach FL**  
 Zip Country Zip Country  
**33480 Palm Beach 33409 Palm Beach**

4. FEI Number Applied For  
**65-0548663** Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**Stein, Mimi**  
**1764 No Congress Ave Ste 200**  
**West Palm Beach, FL 33409**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Holtz Marjorie S</b> <input checked="" type="checkbox"/> Delete <b>44 Coconut Row</b> <b>PALM BEACH, FL 33480</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jonathan Stoll</b> <b>Pres./Director</b> <b>2000 S. Dixie Hwy</b> <b>W. Palm Beach, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Joseph M Fleming</b> <b>Sect 1 Director</b> <b>450 Royal Palm Way 6<sup>th</sup> Floor</b> <b>Palm Beach, FL 33480</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Mimi Stein</b> <b>Treasurer/Director</b> <b>1764 No Congress Ave Ste 200</b> <b>West Palm Beach, FL 33409</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **By [Signature]** **3/29/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**JOSEPH M FLEMING**

CR2E034 (11/00)