2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 09, 2001 8:00 am Secretary of State DOCUMENT # F00000005240 INTERNATIONAL MARKETING & RESEARCH, INC. 02-09-2001 90230 006 ***150.00 Principal Place of Business Mailing Address 2700 WESTNALL LANE, #110 2700 WESTNALL LANE, #110 MAITLAND FL 32751 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3668836 Applied For Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILVA, JOSE F 2700 WESTNALL LANE, #110 MAITLAND FL 32751 8. The above named entity symmits this statement for the purpose of changing its registered office or registered agent, or SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE G VP ☐ Delete TITLE Addition CR2E034 (10/00) Change REPEDE, JOHN NAME JEFF REPEDE NAME 2700 WESTHALL LN #110 2700 WESTNALL LANE, #110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP MAITLAND FL 32751 TITLE 🙀 Delete TITLE Change Addition SILVA, JOSE F NAME NAME 2700 WESTNALL LANE, #110 STREET ADDRESS STREET ADDRESS CiTY-ST-7IP MAITLAND FL 32751 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition WILLIAMS, HARRY NAME NAME 2700 WESTNALL LANE, #110 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MAITLAND FL 32751 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.