

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name *International Diversified Marketing, Inc.*
F-9600000 4819

FILED

02 APR -3 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21575 Portrush Run
Suite, Apt. #, etc.

3. Mailing Address

24821 South Tamiami Trail
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Esteros, FL

City & State

Bonita Springs, FL

4. FEI Number

37-1298085

Applied For

Not Applicable

Zip

33928

Country

United States

Zip

34134

Country

United States

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Tim P. Marshall

Street Address (P.O. Box Number is Not Acceptable)

24821 South Tamiami Trail

City

Bonita Springs, FL

FL

Zip Code

34134

**DO NOT WRITE
IN THIS SPACE**

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

2-19-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 *President*
NAME *Timothy Paul Marshall*
STREET ADDRESS *24821 South Tamiami Trail*
CITY-ST-ZIP *Bonita Springs, FL 34134*

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NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-02

Date

941-949-4970

Daytime Phone #

CR2E034B (12/01)