

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 MAR 18 AM 10:54

SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F96-4819

1. Entity Name

International Diversified
Marketing, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Florida

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

21525 Port Rush Run

City & State

City & State

Estero, FL

Zip 33928

Country

USA

Zip

Country

4. FEI Number

37-1298085

Applied For

Not Applicable

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)

21525 Port Rush Run

City

Estero

FL

Zip Code

33928

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, if not applicable, NOTE: Registered Agent Signature required when reinstating)

DATE

3-15-04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Tim P. Marshall 21525 Port Rush Run Estero, FL 33928
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03/24/04--01003--002 **150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04

239-949-6819

Date

Daytime Phone #

CR2E034B (12/02)