


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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90945 003 ***150.00

DOCUMENT # F 96000004819

1. Entity Name
International Diversified Marketing Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>21575 Port Rush Run</u> Suite, Apt. #, etc.		3. Mailing Address <u>Same</u> Suite, Apt. #, etc.	
City & State <u>Esteros, FL</u>		City & State	
Zip <u>33928</u>	Country <u>Lee</u>	Zip	Country <u>Lee</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>37-1298085</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Timothy Paul Marshall</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>21575 Port Rush Run</u>	
City <u>Esteros, FL</u>	Zip Code <u>33928</u>

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] (NOTE: Registered Agent signature required when reinstating) DATE 2-6-03

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 <u>President</u> <u>Timothy Paul Marshall</u> <u>21575 Port Rush Run</u> <u>Esteros, FL 33928</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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

2-6-03

Date

239-949-6819

Daytime Phone #

CR2E034B (12/02)