## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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## Apr 19, 2000 8:00 am Secretary of State DOCUMENT # G09323 FIRST MARKET INTERNATIONAL, INC. 04-19-2000 90042 026 \*\*\*150.00 Mailing Address Principal Place of Business ONE PURLIEU PLACE ONE PURLIEU PLACE N0032675 WINTER PARK FL 32792-4406 WINTER PARK FL 32792 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2243198 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSSELLO, THOMAS JR Street Address (P.O. Box Number is Not Acceptable) ONE PURLIEU PLACE **SUITE 210** WINTER PARK FL 32792 City Zip Code by submits this statemed for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named SIGNATUR (NOTE: Registered Agent signature required when reinstating) agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy ntangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. □ Change ☐ Addition ☐ Delete TITLE TITLE REGAN, ROBERT F. NAME STREET ADDRESS STREET ADDRESS ONE PURLIEU PLACE, STE. 210 CITY-ST-ZIP CITY-ST-ZIF WINTER PARK FL 32792 Change Addition PSM ☐ Delete TITLE ROSSELLO, THOMAS JR. NAME STREET ADDRESS STREET ADDRESS ONE PURLIEU PLACE, SUITE 210 WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE ROSSELLO, DEBORAH L NAME NAME STREET ADDRESS ONE PURLIEU PLACE, STE. 210 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE WINTER PARK FL 32742 ☐ Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 apport 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 trustate empowered to execute dispreport 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 tangeness.

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