2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # G09323 1. Entity Name 04-09-2002 90006 008 ***150.00 FIRST MARKET INTERNATIONAL, INC. Principal Place of Business Mailing Address ONE PURLIEU PLACE ONE PURLIEU PLACE 210 WINTER PARK FL 32792 WINTER PARK FL 32792 US ЦS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2243198 Not Applicable Country \$8.75 Additional 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** Zip Code City WINTER PARK FL 32792 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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. ☐ Addition ☐ Delete TITLE TITLE NAME NAME REGAN, ROBERT F. STREET ADDRESS STREET ADDRESS ONE PURLIEU PLACE, STE. 210 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME ROSSELLO, THOMAS JR. STREET ADDRESS STREET ADDRESS ONE PURLIEU PLACE, SUITE 210 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME ROSSELLO, DEBORAH L STREET ADDRESS STREET ADORESS ONE PURLIEU PLACE, STE. 210 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32742 ☐ Delete ☐ Change ☐ Addition TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receives at trustee empowered in Recursive this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trust changed, or on an attachment than