

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90116 050 ***150.00

DOCUMENT # G86802

1. Entity Name
INVESTMENT MARKETING, INC.



Principal Place of Business
7474 SUNSET HARBOR DR
NAVARRE BEACH FL 32566

Mailing Address
7474 SUNSET HARBOR DR
NAVARRE BEACH FL 32566

2. Principal Place of Business
7474 Sunset Harbor Dr.

3. Mailing Address
7474 Sunset Harbor Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Navarre Beach, FL

City & State
Navarre Beach, FL

4. FEI Number **59-2397811**

Applied For
Not Applicable

Zip **Country**
32566 **Santa Rosa**

Zip **Country**
32566 **Santa Rosa**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, LARRY L
4 CAHABA CT
SUITE 119
DESTIN FL 32541

Name

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

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **MORRIS, LARRY L.**
STREET ADDRESS **7474 SUNSET HARBOR DRIVE**
CITY-ST-ZIP **NAVARRE BEACH FL 32566**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11, 2003 (850)939-1887

Date Daytime Phone #

CR2E034 (10/02)