

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90436 032 \*\*\*158.75

00057528

DO NOT WRITE IN THIS SPACE

DOCUMENT # **J83876**

1. Entity Name  
**FLORIDA MARKETING INTERNATIONAL, INC.**

Principal Place of Business Mailing Address  
**102 EAST GRANADA BLVD.**  
**ORMOND BEACH FL 32176-1712**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2846422** Applied For Not Applicable

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

**SMITH, RANDALL D.**  
**102 EAST GRANADA BLVD.**  
**ORMOND BEACH FL 32176-1712**

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.

SIGNATURE  DATE **5/3/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PRESIDENT / DIRECTOR</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, RANDALL D.</b>	
STREET ADDRESS	<b>4493 S. ATLANTIC AVE.</b>	
CITY-ST-ZIP	<b>PONCE INLET FL 32127</b>	
TITLE	<b>VICE PRES. / DIRECTOR</b>	<input type="checkbox"/> Delete
NAME	<b>CROOKSTON, CLAIR D.</b>	
STREET ADDRESS	<b>406 BLACK OAK LANE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>KIEL, KEITH D.</b>	<input type="checkbox"/> Delete
NAME	<b>VICE PRES. / SEC. / DIRECTOR</b>	
STREET ADDRESS	<b>351 SCOTT DR.</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>VICE PRES.</b>	<input type="checkbox"/> Delete
NAME	<b>BALIBA, BONNIE</b>	
STREET ADDRESS	<b>1038 RIVERSIDE DR.</b>	
CITY-ST-ZIP	<b>HOLLY HILL FL 32117</b>	
TITLE	<b>TREAS.</b>	<input type="checkbox"/> Delete
NAME	<b>LALOG, JR., JOSE O.</b>	
STREET ADDRESS	<b>90 BRONSON LANE</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>?</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

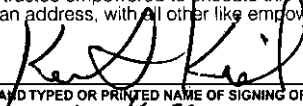
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

  
**KEITH KIEL, SECRETARY**

**5/3/00 (904) 677 1918 EXT.**

**242**

CR2E034 (9/99)